

Utilization of Telemedicine Among Hand Surgeons and their Patients

William Baker¹, Stephanie Ann-Gie Kwan, Tyler Radack, Michael Rivlin²

¹Rowansom, ²Thomas Jefferson University Hospital

INTRODUCTION: Initially designed to address geographic obstacles to patient care, reliance on telemedicine rapidly increased during the Coronavirus pandemic. Despite this, some orthopaedic surgeons and their patients appear to remain reluctant to utilize this alternate. The purpose of this study is to test whether both patients and hand and upper extremity surgeons are more likely to utilize telemedicine if they are more proficient in their computer and mobile device capabilities.

METHODS: Following Institutional Review Board approval, we retrospectively identified patients who had an outpatient telemedicine visit (T group) or in-person visit (NT group) with a hand and wrist orthopaedic surgeon between March 2020 and July 2020. These patients and their surgeons were sent the revised Computer Proficiency Questionnaire (CPQ) and the revised Mobile Device Questionnaire (MDQ) via email. A total of 346 survey responses were collected, 169 of which belonged to patients in the T group and 176 were from patients in the NT group.

RESULTS: The two groups had no significant differences in demographics, including age and sex. Scores on the revised CPQ and MDQ did not significantly differ between the 2 groups. In the patient population, there was no correlation between CPQ/MDQ scores and the proportion of telehealth visits. The orthopaedic surgeon group also had no correlation between the CPQ/MDQ scores and number/proportion of telemedicine visits.

DISCUSSION AND CONCLUSION: Overall proficiency with computers and mobile devices was not correlated with the likelihood of patients or orthopaedic surgeons to utilize telemedicine visits. Patient selection appears to be driven by other factors, which could include limitations in transportation, convenience, and time constraints. Orthopaedic surgeons should continue to offer telehealth visits to their patients regardless of estimated capabilities with electronic devices of both the patient and surgeon.