

Appropriateness of Self-Scheduled Office Visits in Outpatient Hand Surgery

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INTRODUCTION:

Our orthopaedic practice recently implemented a system that enables patients to schedule outpatient visits through an online portal without the need for a traditional referral. Allowing patients to self-schedule their appointments online is one way to leverage technology to benefit both the patient and the medical facility. Previous studies have found that the use of web-based scheduling correlates with reduced no show rates, staff labor, waiting time, and improved patient satisfaction. Since web-based scheduling allows patients to schedule appointments without a referral, the implementation of these services could increase the likelihood of patients unnecessarily being seen by surgeons. The purpose of this study was to evaluate the appropriateness of self-scheduled appointments in the Hand and Wrist Surgery Division of our practice.

METHODS:

Outpatient visit notes from 128 new patient visits among 18 fellowship-trained hand and upper extremity surgeons were collected; 64 visits were self-scheduled online, and 64 were scheduled via referral in the traditional manner. The notes were de-identified and divided among 10 hand and upper extremity surgeons, such that each note was reviewed by 2 different reviewers, and no reviewer received a note regarding one of their patients. The surgeons scored each visit on a scale of 1-10, with 1 representing a completely inappropriate visit for a hand surgeon, and 10 representing a completely appropriate visit. Primary diagnoses and treatment plans were recorded, including whether or not a surgery was planned during the visit. The final score for each visit resulted from the average of the two separate scores. The average appropriateness score for all self-scheduled visits was compared with the average score for all traditionally scheduled visits with a two-sample t-test. Inter-observer reliability was calculated as the average of the difference between the two scores for each visit.

RESULTS:

The average appropriateness score for self-scheduled visits was 8.41/10, with 7 visits resulting in a planned surgery (10.9%). Traditionally scheduled visits had an average appropriateness score of 8.39/10, with 8 visits resulting in a planned surgery (12.5%). The differences in appropriateness scores and surgical planning between the two groups were not significant. The average inter-observer difference for all visits was 1.67.

DISCUSSION AND CONCLUSION:

In our practice, the appropriateness of visits that were self-scheduled was nearly identical to the appropriateness of traditionally scheduled visits. This study supports the implementation of self-scheduling systems, which allow for greater patient autonomy and access to care, while reducing the administrative burden of office staff. Further research is required to confirm that self-scheduled outpatient visits in orthopaedic surgery practices do not lead to unnecessary visits that overburden the treating physicians.