Telehealth Optimization – Role of Clinical Athletic Trainers In Orthopedic/Sports Medicine Practice

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ABSTRACT

Background: Prior to COVID-19, telehealth (TH) implementation in most health systems was minimal. The transition to high rates of TH was dramatic in response to COVID-19, and many health systems struggled to develop optimal, efficient TH workflows.

Hypothesis/Purpose: The primary purpose of this study was to evaluate the role of clinically integrated athletic trainers (ATs) into the TH transition of a major orthopedic academic center through growth of TH visits as well as physician satisfaction.

Methods: Workflows and tip sheets were designed to include considerations of TH visit increases, adoption of appropriate technology platforms and optimal staff models. The rapid rate of TH adoption by orthopedic providers as well as the rates of TH visits were monitored. Growth of TH and in person (IP) visits was reviewed over a 4 month period. The percentage of TH visits compared to total visits was calculated. These results were then subjectively reviewed by physician leadership for satisfaction and effectiveness of the TH clinic.

Results: TH became common practice in March due to COVID-19 social distancing measures. In mid-May, the organization lifted restrictions to allow for greater IP visits. March – June, TH visits were 291, 702, 408 and 193, respectively. IP visits were 862, 393, 730 and 788 for months March – June, respectively. Percentage of TH visits was highest in April, accounting for 64% of all visits (**Figure 1**). At the beginning of TH implementation (March), the organizational electronic medical record platform was used for virtual visits. There was a high drop-rate, inability to share images and overall patient dissatisfaction. TH visits were transitioned to a 3rd party platform in April. Initial concerns were that it required more man-power to run: families had to be emailed a link, patients were manually checked-in/out, and documentation had to be collected. ATs were used exclusively to coordinate and execute the visits. Physician satisfaction for TH visits resulted in compliance and increased desire to continue a virtual-based clinic.

Discussion/Conclusion: While the future of TH is not clear health systems will increasingly rely on this modality. Developing optimal workflows will be critical for further acceptance, effectiveness, and managing the financial costs/returns of providing this service. A clinically integrated athletic training team can be utilized to develop, monitor and maintain a TH system, both for sports medicine and general orthopedic practices.

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Figure 1. Telehealth Utilization in Orthopedics