Feasibility of In-patient Telehealth Coverage Support of Gastroenterology Consult Services at our Regional Facility
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Background
• Colorado Springs has a high level of Government insured patients.
• There is significant inequity in call between our regional Children's Colorado facilities in Colorado Springs (n=5, cFTE 3.6) vs. main campus in Denver (n=31, cFTE 13.57).
• Telehealth was utilized to provide in-patient call coverage of CONSULT service at regional hospital for 10 weeks/year

Description
• 4 physicians volunteered to cover 10 weeks of call (Mon to Fri)
• Providers orientated to Colorado Springs (COS), in-patient telehealth technology and EPIC smart phrases for documentation and billing.
• Inpatient physician assistants (PA) for COS inpatient GI service, (2 PAs, cFTE 1.0) supported the telehealth process. The PA identified new consults, pre-rounded and prepared notes.
• Telehealth cart allowed the physician to observe physical exam and discuss the patients’ care with parents and primary team.
• The on-call physician took all local provider and ED phone calls
• All in-patient and emergent procedures were covered by the regional facility team during their morning procedure blocks or emergently as clinically indicated.

Data
• Telehealth group saw 4.1 patients per day compared to 3.8 Colorado Springs Group
• No differences in the demographics (age, race, insurance type) of patients seen.
• No difference in patient outcomes.
• Billing was consistent between the groups with an average billing level of 2.8.
• Hospitalist service felt their needs were met by the telehealth GI consult.
• In-patient satisfaction scores were stable over the 12-month period. No patient complaints.
• Increase in resiliency and well-being scores for regional facility faculty.

Visit Type | Colorado Springs Faculty | Telehealth Faculty
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New Consult | 264 (30%) | 62 (33%)
Follow-up Visit | 612 (70%) | 124 (67%)

Conclusion
• Telehealth can be utilized to provide consultation services at a regional hospital.
• Telehealth can support access to subspecialty care.
• There are benefits to this practice for the local care teams without any identified change in patient outcomes.

Pearls
• Small group of volunteer Telehealth Providers.
• Hospital with excellent Telehealth infrastructure.
• In facility provider knowledgeable in local facility care teams and practices.
Additional Data