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Title

Clinical Effectiveness of Video Visits for Low Back Pain and Headache in a Primary Care Setting

Priority 1 (Research Category)

Practice management and organization

Presenters

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Abstract

Context: The COVID-19 pandemic has catalyzed the use of video visits in primary care. It is estimated that 73% of primary care visits can be effectively completed via video. However, there are no studies that demonstrate clinical effectiveness of video visits for specific chief complaints. Objective: To evaluate the clinical effectiveness of video visits compared to in-person visits for 2 common primary care chief complaints. Study design: Retrospective chart review. Dataset: Manual chart review of in-person visits from August-October 2019 and video visits from August-October 2020 from our institution's outpatient urgent care clinic (Stanford Express Care), restricted to 2 of the most common presenting chief complaints (CCs): low back pain and headache. Population studied: Patients who presented to a Stanford Express Care clinic with one of the aforementioned CCs. Outcome measures: Frequency of clinician recommendation for an urgent office or ED visit after the initial patient visit and frequency of follow-up visits within a 3-week period were used to assess clinical effectiveness of the visit. A visit is considered clinically effective when a clinician does not recommend an urgent office or ED visit after the initial patient visit and the patient does not have in-person follow-up visits within 3 weeks of the initial visit. Frequency of referrals placed and diagnostic imaging studies ordered during the initial patient visit were also measured. Results: Video visits for low back pain were less likely to be effectively assessed compared to in-person visits [74% (37/50) vs 82% (54/66), chi-square p=0.3]. During video visits for low back pain clinicians placed fewer referrals [24% (12/50) vs 36% (24/66), chi-square p=0.2] and ordered fewer diagnostic imaging studies [12% (6/50) vs 21% (14/66), chi-square p=0.2]. Video visits for headache were more likely to be effectively assessed compared to in-person visits [86% (43/50) vs 74% (37/50), chi-square p=0.1]. During video visits for headache, clinicians placed fewer referrals [14% (7/50) vs 22% (11/50), (chi-square p=0.3) and ordered fewer diagnostic imaging studies [2% (1/50) vs 18% (9/50), chi-square p=0.007]. Conclusions: For low back pain and headache, video visits were not significantly less likely than in-person visits to be effective. There was a statistically significant decrease in diagnostic imaging studies ordered during video visits for headaches.