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**Title**

*Video Visit Triage and Clinical Effectiveness 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 is no evidence or guidelines to inform video visit triage, nor are there studies that demonstrate clinical effectiveness of video visits for specific chief complaints. Objective: To evaluate performance of Stanford video visit triage protocol, specifically determining the need for in-person follow up after video visit for 6 common chief complaints in primary care. Study design: Retrospective chart review. Dataset: Manual chart review of video visits from our institution's outpatient urgent care clinic (Stanford Express Care) in August 2020, restricted to the most common presenting chief complaints (CCs): low back pain, headache, joint pain, abdominal pain, dizziness, or chest pain. 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 video visit and frequency of follow-up visits within a 3-week period were used to assess clinical effectiveness of the video visit. The most common reasons for in-person evaluation were also summarized. Results: 81% (17/21) of low back pain cases, 95% (40/42) of headache cases, 90% (61/68) of joint pain cases, 77% (49/63) of abdominal pain cases, 63% (19/30) of dizziness cases, and 59% (16/27) of chest pain cases were effectively assessed via video and did not require in-person follow up. Common reasons clinicians recommended in-person evaluations included severe pain and weakness for low back pain, neurologic symptoms for headache, need for procedure for joint pain, persistent or worsening symptoms for abdominal pain, near syncope and irregular pulse for dizziness, and need for further assessment of cardiac function for chest pain. In the 3 weeks following initial video visit, 4 of 11 (36%) patients with dizziness, 6 of 11 (55%) patients with chest pain and 7 of 14 (50%) patients with abdominal pain presented to the emergency room. Conclusions: With a pre-visit protocol to assign video or in-person visit based on CC, the majority of headache, joint pain, and back pain cases can be adequately evaluated through video visits. There was a higher frequency of referral for office and/or ED evaluations for dizziness, abdominal and chest pain complaints.