



Biopsy Results Follow-Up After Outpatient Endoscopy: A Survey of Patient Preferences.

Kwabena O. Adu-Gyamfi MD, Dariush Shamsavari MD, Jennifer Rooks RN, Kenneth J. Vega MD,
Viveksandeeep Thoguluva Chandrasekar MD, Zain A. Sobani MD, John Erikson L. Yap MD.

Division of Gastroenterology and Hepatology, Medical College of Georgia at Augusta University, Augusta, GA

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INTRODUCTION

- Effective communication between a patient and physician/care provider is the cornerstone of healthcare delivery and patient satisfaction. This has been demonstrated to increase patient adherence to treatment and follow-up plans.
- Open access endoscopy, while achieving its goal to increase rates of colorectal cancer screening, may pose an interesting challenge with regards to how best to update patients about pathology results from tissue specimens obtained during the procedure.
- Institutions have implemented a variety of strategies to communicate these results to patients.
- We conducted a survey of patients undergoing outpatient endoscopy at our center to assess preferences for getting updates on pathology results.

METHODS

- A one-question survey assessed the preferred method of communication for updates on biopsy and pathology results.
- The options included phone visit, letter, email, telehealth and follow up clinic visit.
- This was administered to 200 patients presenting to our outpatient endoscopy suite within a one-month study period.
- Demographics assessed included age, gender, race and educational level.

RESULTS

- Follow up preferences selected were; phone visit (61.5%), letter (17.5%), clinic visit (11.5%), telehealth (9%), email (0.5%).

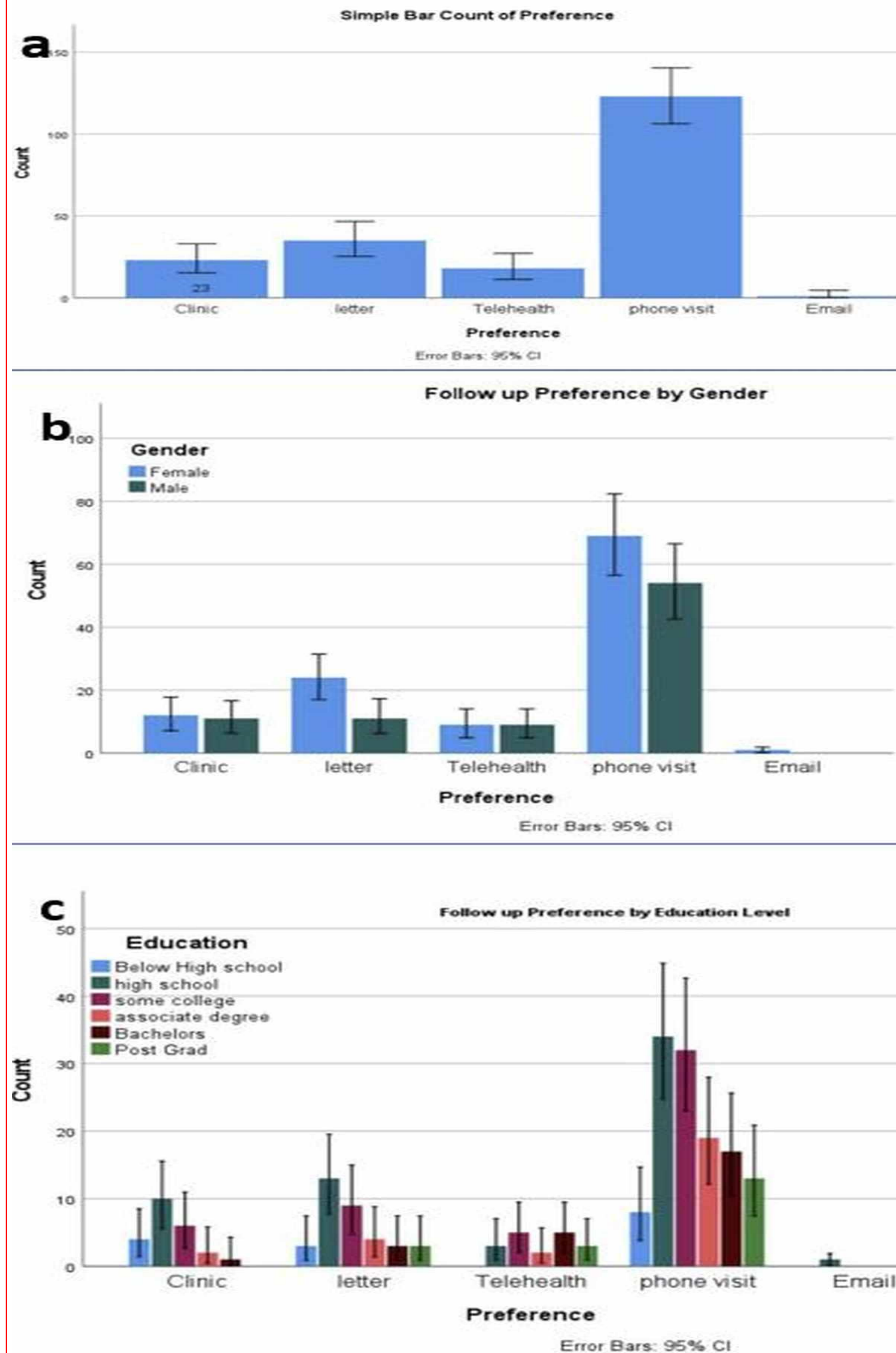


Fig 1a. Patients' post-biopsy follow-up preferences.
Fig 1b. Follow up preferences by gender.
Fig 1c. Follow up preferences by educational level.

- Survey participants included included female (57.5%) and male (42.5%). Age ranges in years included 0-25 (1%), 26-40 (10.5%), 41-60 (44.5%) and >60 years (44%).
- Race included African American (51%), Caucasian(44%), Asian (2.5%), Hispanic(1%) and Other race(1.5%).
- Educational level included; Below high school (7.5%), High School (30.5%), Some College (26%), Associates Degree(13.5%), Bachelors Degree(13%) and Post Graduate Degree (9.5%).

DISCUSSION

- As shown, the majority of patients preferred telephone follow up over other methods (Fig 1a). This trend was not influenced by age, gender (Fig 1b), race or educational level (Fig 1c) on univariate and multivariate regression models.
- We believe this preference might be attributable to the ability to have a discussion with a provider and enable patients to get a better understanding of the results and the time-related flexibility of a quick phone visit.
- This appears to be an easily implementable option with the caveat that it may increase load and back log on office visits for physicians.
- One possible solution to satisfy our patient needs would be to have follow up phone visits scheduled with GI advanced practice providers.
- We feel that this is an area for improvement where a patient-centered intervention can yield significant increases in patient satisfaction.