

E0404 - Patient Satisfaction with and Access to Virtual Healthcare for IBD During the COVID-19 Pandemic



Maida J. Sewitch PhD¹, Karen V. MacDonald², Deborah A. Marshall PhD², Geoffrey Nguyen MD PhD³

¹McGill University and Research Institute of the McGill University Health Centre, ²University of Calgary, ³ University of Toronto



ABSTRACT

Introduction. Onset of the COVID-19 pandemic triggered changes to healthcare delivery from in-person to virtual visits. The study objective is to understand how the COVID-19 pandemic impacted healthcare for patients with inflammatory bowel disease (IBD).

Methods. An online survey using closed- and open-ended questions was conducted in English and French among Canadian adults (>18 years) with IBD (Crohn's disease, ulcerative colitis, IBD-unclassified). Survey questions were specific to patient experiences receiving healthcare for IBD during the COVID-19 pandemic. Descriptive statistics, frequency tabulations and qualitative analysis were used to analyze data.

Results. Preliminary analysis of 158 respondents shows that 44% received all IBD care virtually, 4% received all care in-person, 51% used both modalities and 2% did not receive care during the pandemic. Of those that received virtual care, 38% were totally satisfied, 51% were somewhat satisfied, and 11% were not satisfied with the care received. Virtual visits were done mostly using phone calls. Respondents classified access to healthcare providers during the pandemic as easier (14%), about the same (61%) or more difficult (25%) compared to before the pandemic. Virtual visits were a good option for follow-up visits and simple checkups as respondents indicated they were safe, timely and convenient and avoided travel and parking costs. Some respondents felt listened to but others felt rushed, dismissed and in need of a physical examination. For patients starting with a new doctor, virtual visits left them feeling disconnected. When the doctor missed the virtual visit, respondents expressed difficulties rescheduling the appointment. Going forward, respondents want to continue having options for: virtual visits by either phone and videoconferencing; online access to test results and scheduling of appointments; email communication with the nurse/doctor; and faxing prescriptions to the pharmacy.

Discussion. During the pandemic, most respondents had received some of their IBD healthcare virtually and were satisfied with the care received. The majority reported having about the same access to their IBD healthcare providers as before the pandemic. Despite needing to improve some virtual services such the rescheduling of missed virtual visits, nearly all survey respondents wanted virtual healthcare to continue into the future.

INTRODUCTION

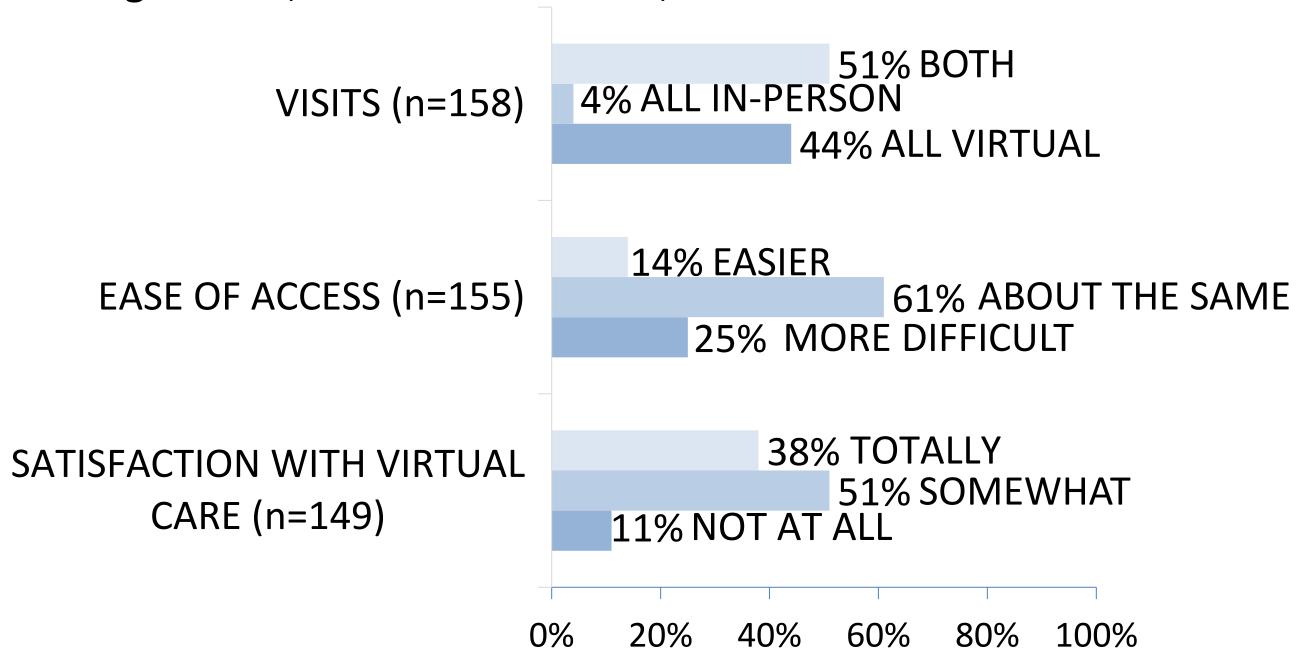
- Onset of the COVID-19 pandemic triggered changes from inperson to virtual healthcare delivery
- The study objectives are to understand:
- 1) the impact of the COVID-19 pandemic on healthcare for individuals with inflammatory bowel disease (IBD); and
- 2) patient satisfaction with and access to virtual healthcare for IBD during the COVID-19 pandemic

METHODS & MATERIALS

- An online survey was conducted in English and French among adults (>18 years) with IBD (March 20-29, 2022)
- Individuals were recruited across Canada from gastroenterology clinics and patient organizations
- Survey questions were specific to patient experiences receiving healthcare for IBD during the COVID-19 pandemic
- Open- and close ended questionnaire items provided qualitative and quantitative data, respectively
- Descriptive statistics, frequency tabulations and qualitative analysis were used to analyze the data

RESULTS

Fig 1. Visits, access to healthcare, satisfaction with virtual care



RESULTS

Table 1. Description of survey respondents (N=158)

Characteristics	N	%
Age (mean, sd)	34.3	10.3
Female	138	87
University degree or more	75	47
Crohn's Disease Ulcerative colitis IBD-U	93 60 5	59 38 3
Years living with IBD (mean, sd)	10.6	9.9

Table 2. Themes (5) and items from open-ended questions

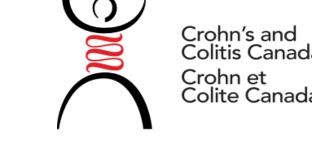
1. Virtu	al healthcare good option
Follow-u	ıp visits
Simple o	heckups
2. Adva	ntages of virtual visits
Safe	
Timely	
Avoids t	ravel and parking costs
Felt liste	ned to
3. Disac	Ivantages of virtual visits
Felt rush	ned or dismissed
No poss	ibility for physical examination
New pat	cients felt disconnected
Difficult	to reschedule visit when missed
4. Servi	ces to keep for the future
Have the	e option for virtual visits
Online a scheduli	ccess to test results, appointment ng
Email co	mmunication with clinic staff
5. Area	s for improvement
Resched	uling of missed virtual visits
Include	videoconferencing as well as telephone

DISCUSSION

- Most respondents had received some IBD healthcare virtually, were satisfied with the care received and found access to healthcare easier or about the same compared to before the pandemic while 25% found it more difficult
- Five themes were identified including appropriate settings for virtual healthcare, advantages and disadvantages of virtual visits, pandemic service changes to keep in the future, and areas for improvement
- Virtual visits were described as safe, timely, and avoided travel and parking costs, and considered appropriate when no physical exam or testing was required

CONCLUSIONS

- Virtual healthcare for IBD was common during the pandemic
- Most respondents were satisfied with virtual healthcare and had similar or easier access to their IBD providers compared to before the pandemic
- Respondents wanted some of the healthcare delivery changes that were made during the pandemic to continue into the future[1,2,3]



Contact

Maida J Sewitch
Research Institute of the McGill University Health Centre and McGill University
Email: maida.sewitch@mcgill.ca
Website: https://rimuhc.ca/-/maida-sewitch-phd
Phone: 1 514 934 1934 x 44736

References

- 1. French experience with telemedicine in inflammatory bowel disease: a patients and physicians survey. Guillo L, Bonnaud G, Nahon S, et al (2022). European J Gastroenterol Hepatol, 34(4):398-404.
- 2. Changes in the management of IBD patients since the onset of COVID-19 pandemic. A path toward the implementation of telemedicine in Spain? De Hoyo J, Millan M, Garrido-Marin A, et al. Gastroenterol Hepatol. doi: 10.1016/j.gastrohep.2021.08.006. (In press)
- 3. Organisational changes and challenges for inflammatory bowel disease services in the UK during the COVID-19 pandemic. Kennedy NA, Hansen R, Younge L, et al. Frontline Gastroenterol 11(5):343-350. doi: 10.1136/flgastro-2020-101520. eCollection 2020.