Virtual consultations for breast cancer patients in Ontario and wait times to surgical consultations: A population-based study

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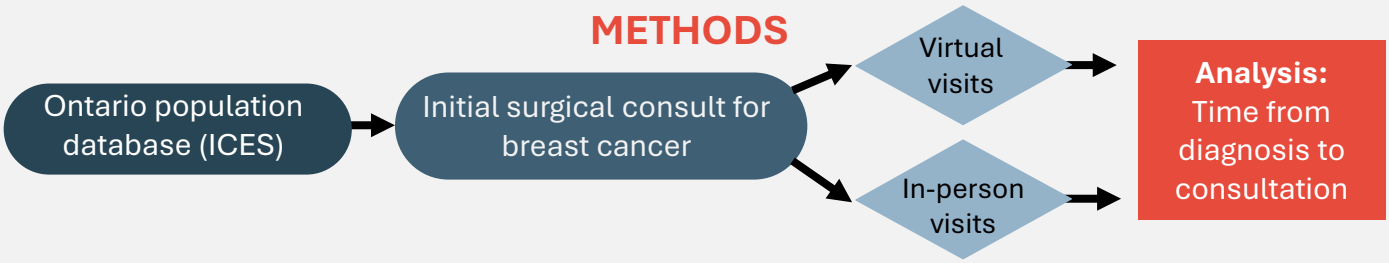
INTRODUCTION

Virtual consultations were utilized during the COVID-19 pandemic to protect healthcare resources and minimize infections. These may also improve efficiency and reduce time/cost burdens to patients for visits

Objective

To explore the utilization of virtual surgical vs in-person consultations for new breast cancer diagnoses during the COVID-19 pandemic

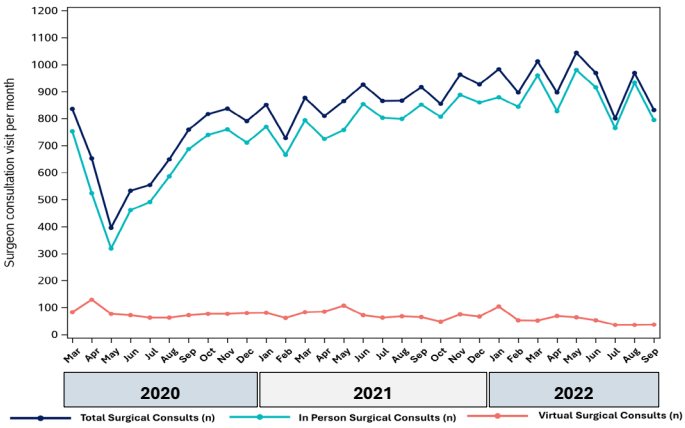
METHODS



RESULTS

Breast Cancer Patient Consultations (Mar 2020 - Sep 2022): 25,411 patients; 2,111 (9.1%) had virtual consultations.

Figure 1 - Monthly surgeon consultation visits (JAN 2020 - SEP 2022) - First



- **Peak Usage:** Highest virtual consultation rate in April 2020 (19.8%)
- **Material Deprivation Index:** The proportion of virtual consultations increased with higher MDI (7.7% Q5 vs 11% Q1; p<0.001).
- **Subsequent Visits:** Virtual patients had more visits in the first year (median 4 vs. 3; p < 0.001).
- **Wait Times:** Virtual consultations had shorter wait times to first consult date (mean 3.8 days vs. 11.9 days; p < 0.001).

CONCLUSION

- BC patients who underwent an initial virtual surgical consultation since 2020 have shorter times to assessment and are less materially deprived. However, they had more subsequent visits.
- Virtual consultations in Ontario remains underutilized post-pandemic, highlighting a need for broader health system adoption where feasible

FUTURE RESEARCH

Understanding barriers towards expanding Virtual Care:

- Demographic differences
- Disparities in underserved populations
- Rural vs. urban challenges
- Technology access and literacy