

BURDA ON HEALTHCARE

How Sticky Is Telemedicine?

By David Burda
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Until I got into content marketing at a previous job, the word “sticky” had a negative connotation. As a child, it meant I got grape jelly on the kitchen table and didn’t clean it up. As a teen, it meant I spilled a milkshake in my car. In college, it was almost-dry beer on the floor of a few licensed establishments. As an adult, it means my kids got grape jelly on the kitchen table and didn’t clean it up.

In content marketing, sticky has a positive connotation. It means that a piece of content you created is so good that it has the power to stick with the consumers of that content. They see it. They consume it. They recall it. They use it for a long time. Sticky is right up there with “snackable,” “buzzy,” “lean-in” and “cuts through the clutter (or noise)” as attributes of good content in the content marketing world.

For this column, I’m going to use the word sticky in a positive sense to talk about telemedicine and how much of what happened with telemedicine because of the COVID-19 outbreak in the U.S. will stick after the pandemic ends. Let’s hunt for some clues in some recent reports and research.

HALF AS HIGH

Last October, The Commonwealth Fund published its [latest update](#) on how the pandemic is affecting outpatient visits in the U.S.



Using data supplied by Phreesia, a New York-based patient intake management software vendor, the updates track weekly changes in outpatient visits by setting and by medical specialty, starting with the week of Feb. 16, 2020, as the baseline week. Per the latest weekly update:

- Outpatient telemedicine visits peaked at 13.9 percent above the baseline the week of April 19, 2020.
- After that, weekly outpatient telemedicine visits dropped steadily to 6.3 percent above the baseline the week of Oct. 4, 2020.
- Interestingly, 41 percent of outpatient behavioral health visits were done via telemedicine the week of Oct. 4, 2020, far eclipsing any other medical specialty.

VIRTUAL AND IN-PERSON DROP

Last November, researchers from the medical and public health schools at Harvard published a [study](#) in *JAMA Internal Medicine* on outpatient telemedicine trends during the pandemic.

Using insurance claims data from the OptumLabs Data Warehouse, researchers looked at the changes in weekly in-person and telemedicine visits from Jan. 1, 2020, through June 16, 2020. Their measure was weekly visits per 1,000 members. Here's what they found.

- The number of weekly outpatient telemedicine visits per 1,000 members peaked at 30.7 in week 16 (April 15-21, 2020) compared with 0.8 in week one (Jan. 1-7, 2020).
- The number of weekly outpatient telemedicine visits per 1,000 members steadily dropped to 17.8 in week 24 (June 10-16, 2020).
- Weekly outpatient in-person visits, meanwhile, hit a low of 36.7 per 1,000 members in week 15 (April 8-14, 2020) from a high of 128.8 in week two (Jan. 8-14, 2020). It rebounded some to 76.3 by week 24.



A SLIDING SHARE

FAIR Health, the New York-based health insurance claims database and analysis organization, operates a [telehealth tracker](#) that monitors monthly telemedicine claims on a national and regional basis.

In December, FAIR Health released its [latest data](#) on telemedicine visits through September 2020.

- From September 2019 to September 2020, the number of commercial health insurance claims for telemedicine visits were up 2,980 percent.
- But the September claims represented 5.1 percent of all medical claims, down from 6.1 percent of all medical claims in August.
- Telemedicine visits' share of monthly medical claims peaked in April at 13 percent.
- Again interestingly, 51.8 percent of telemedicine claims in September were for mental health conditions, up from 34.4 percent in September 2019.

DISCREET CONDITIONS

Also in December, researchers from Brigham & Women's Hospital and Beth Israel Deaconess Medical Center in Boston published a [study](#) in *JAMA Network Open* that compared direct-to-consumer telemedicine visits with in-person primary-care visits. DTC visits happen when a patient bypasses his or her primary-care physician and visits a telemedicine website directly for care from a licensed clinician. They're not telemedicine visits with a regular PCP who a patient typically sees in person.

The researchers compared more than 35,000 DTC telemedicine visits from Oct. 1, 2019, through Dec. 31, 2019, with nearly 30

million in-person PCP visits from Jan. 1, 2013, through Dec. 31, 2016. Of the DTC telemedicine visits:

- 76 percent were by female patients compared with 66 percent for in-person PCP visits
- 74 percent were by patients age 18 to 44 compared with 29 percent for in-person PCP visits
- 87 percent were for one of three conditions—urinary tract infection, erectile dysfunction and contraception—compared with just 2 percent for in-person PCP visits

ACCESS TO TECH

Finally, in December again, researchers from the University of Chicago published a [study](#) in the *Journal of Medical Internet Research* that looked at who took advantage of the virtual visit capabilities offered by an urban academic medical center during the COVID-19 outbreak. Virtual visit capabilities include both video and telephone visits.



The researchers compared the volume and type of ambulatory-care visits to the academic medical center during an 11-week period in 2020 (March 15 through May 31) with the same 11-week period in 2019. They also compared the age, sex, race and insurance status of patients who made those visits during both study periods. In the 11-week period in 2020.

- Total visits regardless of setting were 48.6 percent lower compared with the same period in 2019.
- 60.5 percent of the total visits were virtual visits compared with none during the same period in 2019.
- Patients who had a virtual visit either by video or telephone were less likely to be: under 18 or 65 and older; male; Black; and on Medicaid.

At this point, you've likely noticed that I'm sticking to claims data and published research in my hunt for clues on the future of telemedicine. Not that I don't like surveys of doctors or polls of patients. I do. But most of those surveys and polls are done by consulting firms, telemedicine vendors and special-interest groups all with a vested interest in what the surveys and polls say. And for each survey and poll that says telemedicine is booming

and there's no turning back, there is one that says it's not. They cancel each other out.

When you look at the credible evidence of how sticky telemedicine will be after the pandemic, here's what it suggests. Telemedicine will replace in-person office visits for a limited set of medical conditions and for a limited set of patients. Telemedicine won't replace in-person visits for all medical conditions and for all patients. The volume of telemedicine visits will decline, plateau and rise gradually over time as today's tech-savvy millennials become tomorrow's tech-savvy seniors suffering from chronic disease. The share of outpatient visits done virtually also will decline, plateau and then rise gradually over time.

That puts telemedicine somewhere between grape jelly and almost-dry beer on my stickiness scale.

Thanks for reading.

Stay home. Stay safe. Stay alive. The vaccine is coming. Eventually. Really.

AUTHOR



Dave Burda began covering healthcare in 1983 and hasn't stopped since. Dave writes his own column, "Burda on Health," for us, contributes to the weekly 4Sight Health blog and manages our weekly e-newsletter, 4sight Friday. Dave believes that healthcare is a business like any other business, and customers—patients—are king. If you do what's right for patients, good business results will follow.

Dave's personnel experiences with the healthcare system both as a patient and family caregiver have shaped his point of view. It's also been shaped by covering the industry for 35 years as a reporter and editor. He worked at Modern Healthcare for 25 years, the last 11 as editor.

Prior to Modern Healthcare, he did stints at the American Medical Record Association (now AHIMA) and the American Hospital Association. After Modern Healthcare, he wrote a monthly column for Twin Cities Business explaining healthcare trends to a business audience, and he developed and executed content marketing plans for leading healthcare corporations as the editorial director for healthcare strategies at MSP Communications.

When he's not reading and writing about healthcare, Dave spends his time riding the trails of DuPage County, IL, on his bike, tending his vegetable garden and daydreaming about being a lobster fisherman in Maine. He lives in Wheaton, IL, with his lovely wife of 35 years and his three children, none of whom want to be journalists or lobster fishermen.

Visit 4sight.com/insights to read more from Dave Burda.