

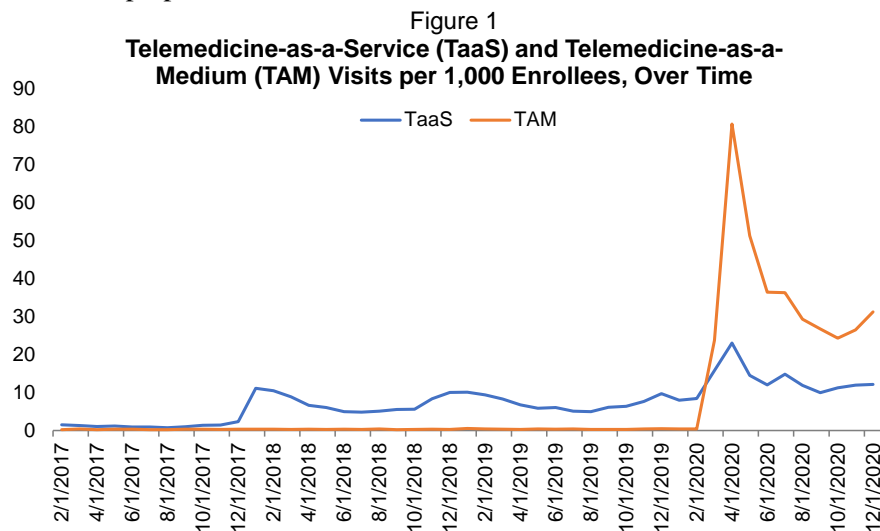
## Telemedicine: The New Face of Health Care?

When the COVID-19 pandemic began sweeping across the United States in the spring of 2020, many states responded by issuing stay-at-home orders, hospitals postponed elective procedures, and doctors' offices closed. Patients could, however, seek care for their health care needs via telemedicine, a means of addressing health care needs without risking exposure to the novel coronavirus. To what extent did telemedicine visits increase? Who were telemedicine users? And for what health care issues did they use telemedicine?

To answer those questions, EBRI analyzed data from EBRI's Telemedicine Database. Specifically, EBRI found that telemedicine visits boomed at the onset of the pandemic and that telemedicine users were disproportionately women, older, and seeking care for different issues than patients who did not use telemedicine.

Importantly, EBRI differentiates between two main types of telemedicine care: telemedicine as a service (TaaS) and telemedicine as a medium (TAM). With TaaS, health care services are delivered via a more traditional third-party platform, and patients have no preexisting relationship with the health care provider. Given the ease of access and the lack of a preexisting relationship with a health care provider, TaaS is well-positioned to help patients address acute health care needs. With TAM, on the other hand, patients engage with health care providers with whom the patient already has a relationship, such as their primary care physician or their psychologist. In addition, TAM leverages technologies such as remote blood pressure or respiratory flow rate monitoring. Thus, TAM is well-positioned to help patients address chronic conditions.

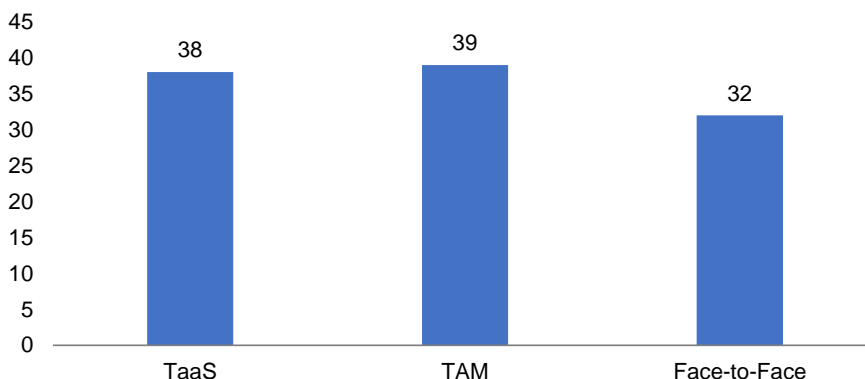
EBRI found in its latest *Issue Brief*, "[Who, What, When, Where, and Why: Trends in Telemedicine Usage From 2016-2020](#)," that usage of both types of telemedicine services increased dramatically at the onset of the pandemic. Specifically, TaaS visits soared 87 percent between February 2020 and March 2020, as patients sought to address issues in the face of stay-at-home orders, shown below in Figure 1. Additionally, TAM visits were 50 times higher in March 2020 than in February 2020, as health care providers quickly pivoted to offer their services via synchronous videoconferencing technology and patients relied more heavily on remote-monitoring technologies. While usage of both types of telemedicine ebbed from their respective peaks, usage of both types of telemedicine has remained higher than the prepandemic trends.



Source: EBRI's Telemedicine Database

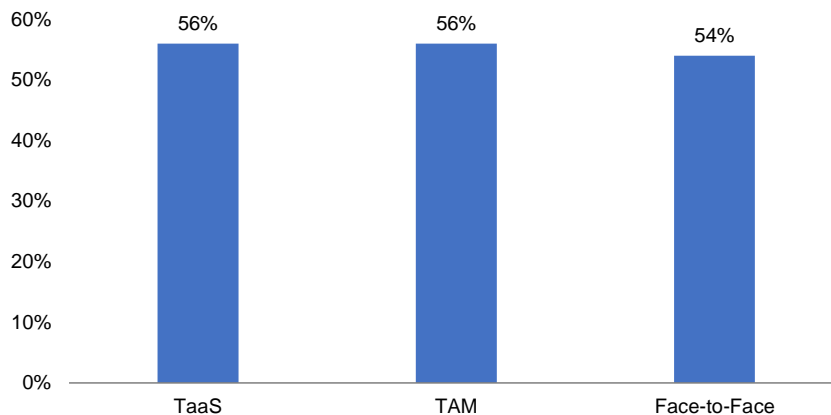
But what did telemedicine users look like, and what health care services did they seek? Both TaaS and TAM patients were older, on average, at 38 and 39 years of age in 2020, respectively, vs. patients who did not use telemedicine (whose average age was 32) (Figure 2). Both TaaS and TAM patients were slightly more likely to be female, comprising 56 percent of TaaS and TAM visits, compared with 54 percent for patients who never used telemedicine and relied on face-to-face visits (Figure 3).

Figure 2  
**Average Age of Telemedicine-as-a-Service (TaaS),  
Telemedicine-as-a-Medium (TAM), and Face-to-Face  
Users**



Source: EBRI's Telemedicine Database

Figure 3  
**Share of Female Users of Telemedicine-as-a-Service  
(TaaS), Telemedicine-as-a-Medium (TAM), and Face-to-Face**



Source: EBRI's Telemedicine Database

The analysis also found that telemedicine attracted patients for different health care needs. For example, patients seeking care for acute, low-intensity, and often self-limited respiratory issues, such as bronchitis, were more likely to use either TaaS or TAM. Similarly, those seeking help with mental health issues were more likely to use TaaS or TAM. Telemedicine is not an appropriate medium for all types of care, however, and EBRI's analysis found that those with musculoskeletal issues were more likely to seek care via face-to-face visits than via TaaS or TAM.

## Final Thoughts

The pandemic created conditions that thrust telemedicine into the spotlight. And although its popularity has waned as doctors' offices have reopened and hospitals have resumed elective procedures, usage of telemedicine remains higher than prepandemic levels. This could indicate a behavioral stickiness aided by a proliferation of telemedicine platforms: Patients who experienced telemedicine for the first time when it was virtually the *only* way to address health care needs may now be comfortable enough with this approach to continue using it. However, the true test will be whether patients find the quality of telemedicine care to be sufficient. Future EBRI research will explore this question in detail.

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