

At a Glance | October 21, 2021

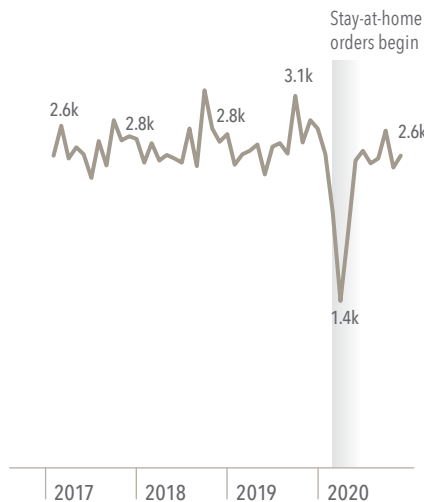
Telemedicine Usage Increases During Pandemic, but With a Twist

FACE-TO-FACE VS. TELEMEDICINE

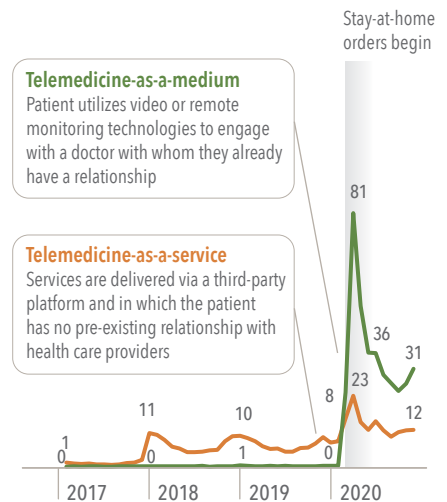
Telemedicine visits soared during March 2020, when states issued stay-at-home orders and health care providers suspended nearly all in-person outpatient services. Telemedicine visits have remained persistently higher than their prepandemic trends; this is especially true for telemedicine-as-a-medium.

Face-to-Face and Telemedicine Appointments per 1,000 Enrollees

Face-to-Face Visits



Telemedicine Appointments



WHAT MAKES TELEMEDICINE MORE LIKELY?

A patient being female, being the named policyholder, or seeking care for respiratory or mental health issues increased the likelihood of the visit being conducted via telemedicine. Face-to face was used more frequently for musculoskeletal and connective tissue problems. The presence of the COVID-19 pandemic was also a significant factor in increasing the likelihood of telemedicine visits, especially telemedicine-as-a-service.

Ratio of the Likelihood of a Health Care Visit Being Conducted via Telemedicine

Variable / Type of Care	Telemedicine-as-a-Medium	Telemedicine-as-a-Service
▲ Increased likelihood		
Respiratory Issue	9.04	6.17
Named Policyholder	2.5	1.64
Mental Illness	2.21	5.33
Ill-Defined Symptoms	1.63	1.71
Gender (Female = 1)	1.47	1.34
▼ Decreased likelihood		
Age	0.99	1
Circulatory	0.88	1.72
Charlson Comorbidity Index	0.82	0.9
Digestive	0.81	1.16
Musculoskeletal	0.25	0.48
Pandemic Dummy	3.79	13.03

SOURCE: Spiegel, Jake, "Who, What, When, Where, and Why: Trends in Telemedicine Usage From 2016-2020," *EBRI Issue Brief*, no. 534 (Employee Benefit Research Institute, August 5, 2021).

© 2021 EBRI

This report is copyrighted by the Employee Benefit Research Institute (EBRI). You may copy, print, or download this report solely for personal and noncommercial use, provided that all hard copies retain any and all copyright and other applicable notices contained therein, and you may cite or quote small portions of the report provided that you do so verbatim and with proper citation. Any use beyond the scope of the foregoing requires EBRI's prior express permission. For permissions, please contact EBRI at permissions@ebri.org.