

Urologic Telehealth: Substitution or Expansion?

Juan J. Andino, MD, MBA¹; Mark-Anthony Lingaya, BS²; Stephanie Daignault-Newton, MS¹; Parth K. Shah, MD¹; Chad Ellimoottil, MD, MPH^{1,3}

1. Department of Urology, Michigan Medicine
2. University of Michigan Medical School
3. Institute for Healthcare Policy and Innovation, University of Michigan, Ann Arbor

Abstract ID: MP02-15

Urologic Telehealth: Substitution or Expansion?

Methods

Study Population: July 2016 to Feb 2020



600 scheduled video visit appointments



Stratified, random sample of 600 scheduled clinic appointments



Established patients
13 urology providers
Scheduled for 15-minute visits

Results

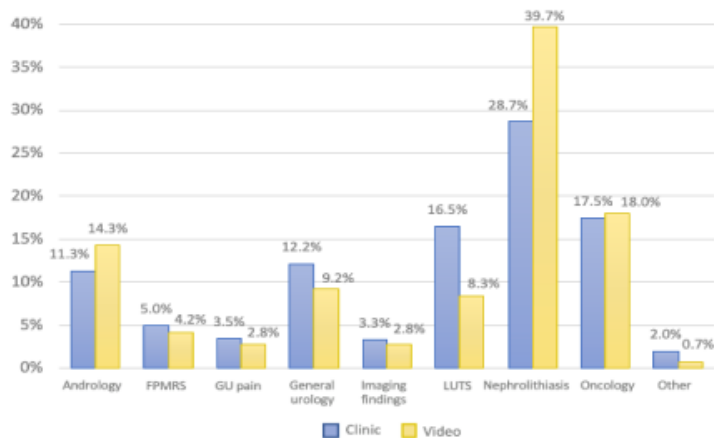
Patient characteristics across visit types

	Video Visit		Clinic Visit		p value
	Median	IQR	Median	IQR	Wilcoxon test
Age, years	51	36-62	61	45 -71	<0.0001
Distance, miles (max)	82 (1548)	36 – 228	68 (3686)	34 - 128	<0.0001
Median Income	\$53,237	\$39,000 – \$68,403	\$54,722	\$37,037 – \$63,876	0.53
	<i>n (%)</i>		<i>n (%)</i>		<i>p value (χ²)</i>
Gender					0.0013
Woman	218 (36%)		166 (28%)		
Man	382 (64%)		434 (72%)		
Insurance					<0.0001
Commercial	487, 81.2%		328, 54.7%		
Medicare	81, 13.5%		166, 27.7%		
Medicare Advantage	14, 2.3%		64, 10.7%		
Medicaid	10, 1.7%		37, 6.2%		
Self-pay	7, 1.2%		0, 0%		
Military	1, 0.2%		5, 0.8%		
	<i>n (%)</i>		<i>n (%)</i>		<i>p value (CMH)</i>
Post-op visits	114 (19%)		113 (18.8%)		0.94

Urologic Telehealth: Substitution or Expansion?

Results

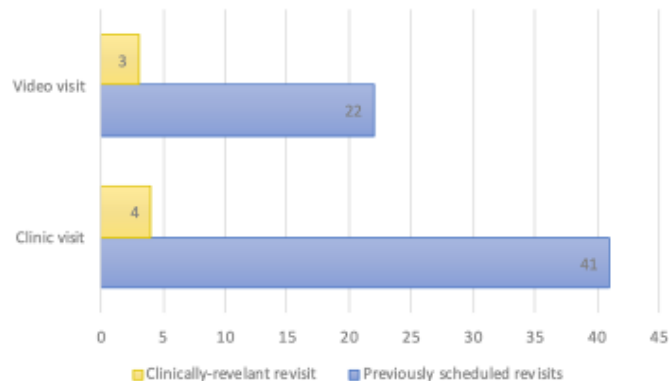
Proportion of visits by diagnostic group



Legend: FPMRS – Female Pelvic Medicine and Reconstructive Surgery; GU – Genitourinary; LUTS – Lower urinary tract symptoms

Results

Number of revisits within 30-days of initial encounter



Conclusion

In the short-term, video visits serve as substitutes for clinic visits for a broad range of urologic conditions