Real-World Evidence of the Success of Virtual Visits

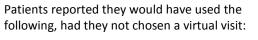
Virtual Visits Provide Effective Care and Cost Savings

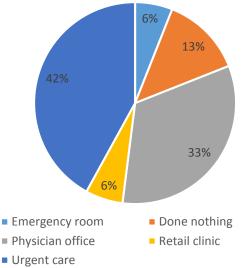
A recently published study titled "Virtual Visits for Acute, Non-urgent Care: A Claims Analysis of Episode-Level Utilization," found that virtual visits are, on average, less costly than in-person visits and provide similarly effective care.

Researchers analyzed 60,000 episodes of care from a large commercial health insurer to compare the care and cost of virtual visits and in-person visits at common sites of care – such as emergency rooms, physician offices, and retail health clinics – for people with similar health status. Researchers analyzed visits to treat a set of 11 common, acute and non-urgent conditions, such as sinus infections, upper respiratory infections, urinary tract infections, and the flu.

- Patients receiving virtual visits had similar rates of follow-up care as those receiving in-person care from a primary care physician and retail health clinics, indicating that the care was similarly effective.
- Patients receiving virtual visits had lower rates of lab testing or imaging services than those receiving inperson care from a variety of health care settings.

Given that patients were no more likely to require additional follow-up care than those receiving in-person treatment, and on average required fewer lab and imaging services, researchers found the potential for significant cost savings.





Compared to a range of in-person services, including at retail health clinics, urgent care centers, and emergency departments, virtual visits were found to save an average of \$201 per episode (including follow up) for the 11 conditions of interest.

This study adds to the growing evidence finding that virtual visits are an effective low-cost alternative to care administered in other settings.

Citation: Gordon, AS; Adamson, WC; DeVries, AR. (2017). Virtual Visits for Acute, Non-urgent Care: A Claims Analysis of Episode-Level Utilization. *Journal of Medical Internet Research.* 19(2): 198-208. Available here: http://www.jmir.org/2017/2/PDF