

How telemedicine helped this health system's patients avoid the ED

JUN 19, 2019

Andis Robeznieks

Senior News Writer

A new study adds to growing evidence that telemedicine can save money, resolve most health concerns in a single visit, and do so without significantly creating new utilization of health care services. The modest increase in cost from this new utilization “might actually prevent more costly care down the line,” the study’s authors suggested.

Net savings ranged from between \$19 and \$121 per visit compared with care received in other available settings, according to researchers at the Sidney Kimmel Medical College of Thomas Jefferson University in Philadelphia, who analyzed data from 650 telemedicine visits and the results of two post-visit surveys.

The university’s affiliated health system, Jefferson Health, launched an on-demand 24-hour telemedicine program with emergency physicians in September 2015 charging a flat fee of \$49 per visit. The study, “On-demand synchronous audio video telemedicine visits are cost effect,” covered visits made over half a year and was published in the American Journal of Emergency Medicine.

The AMA is committed to making technology an asset, not a burden, in the delivery of health care. Efforts in this area include creation of the Digital Health Implementation Playbook to speed the adoption and scaling of innovative solutions. (Download the Playbook now.)

Upon completion of the visit, patients of the service—dubbed JeffConnect—were asked what they would have done if telemedicine visits were not available.

This is how the 429 patients who completed the survey responded:

- 34% would have gone to their doctor’s office, which would have cost between \$84 and \$131.
- 33% would have visited an urgent care center, which would have cost between \$98 and \$163.
- 16% would have done nothing.

- 12% would have gone to an emergency department, which would have cost between \$358 and \$1,595.

- 5% would have gone to a retail clinic, which would have cost between \$66 and \$89.

“The primary source of the generated savings is from avoidance of the emergency department, as this is by far the most expensive of the alternative care options provided,” the study says. “Each visit that successfully diverted an emergency department visit to a telemedicine visit generated, on average, cost savings ranging from \$309 to \$1,546.”

The authors noted that this tracks with other studies that determined telemedicine helped divert traffic to the emergency department by between 5% and 12%.

New utilization is “modest”

The 16% of patients who said they would have “done nothing” represent new use of health care services, as they would have not sought treatment if a telemedicine visit had not been available, the researchers wrote. They added that this “represents a modest increased cost when compared with the savings achieved from diversion from other care settings.”

A follow-up survey completed by 172 patients found that the telemedicine visit satisfied most concerns with 74% saying that they did not see another health care provider in the two to three days after the encounter. Fifteen percent reported going to a doctor’s office, 5% went to an emergency department and 4% went to an urgent care center. Two percent did not specify.

The follow-up survey results were factored in to produce the net savings figure of between \$19 and \$121 per visit.

“Given the low variable cost of a JeffConnect call when compared to each alternative care option, the telemedicine visit represents an opportunity to create savings for any successful diversion from the traditional care settings, but particularly from the emergency department,” the study states.

The researchers noted that they did not calculate savings to patients, which could include fewer hours lost from work, plus childcare and travel costs.

The AMA’s Physician Innovation Network online platform also works to ensure the physician voice is included in the design and development of digital health solutions, so that these technologies are useful to the intended end users: physicians. Learn more about the AMA’s transformative digital health efforts.