
Virtual vs. In-Person Care During Pandemic



There has been a notable increase in telemedicine use amidst pandemic-induced quarantine measures and travel curbs, which are meant to reduce workplace transmission. In the US, for instance, telemedicine accounted for 35.3% of all primary care visits during the second quarter (Q2) of 2020, a big leap from 1.1% of total Q2 2018-2019 visits, says a new study (Alexander et al. 2020).

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The Johns Hopkins-led study did more than examine telemedicine adoption in primary care. Researchers sought to quantify national changes in the volume, type and content of primary care delivered during the COVID-19 pandemic, especially with regard to office-based visits and remote care.

For this cross-sectional study, the researchers used the IQVIA National Disease and Therapeutic Index audit of more than 125.8 million primary care visits from the first quarter (Q1) of 2018 through the second quarter (Q2) of 2020. The index is a nationally representative audit of outpatient practice in the US. Meanwhile, primary care visits are defined as those within the fields of family and general practice, internal medicine, paediatrics and geriatrics.

Overall, the pandemic has led to substantial reductions (more than 25%) in primary care volume between 2018 and Q2 of 2020. For example, in the second quarter of 2020, primary care visits totalled 99.3 million, down 21.4% (27 million visits) from the average of Q2 levels in 2018 and 2019. As noted by the researchers, the volume decline had been offset in part by increases in the use of remote care. Telemedicine visits rose from 1.1% of total Q2 2018-2019 visits (1.4 million quarterly visits) to 4.1% in Q1 of 2020 (4.8 million visits) and 35.3% in Q2 of 2020 (35 million visits).

Aside from the pandemic-induced decrease in primary care visits, data analyses revealed significant reductions in the primary care assessment of cardiovascular risk factors such as blood pressure and cholesterol levels. Of note, decreases occurred in blood pressure level assessment (down 50.1%, 44.4 million visits) and cholesterol level assessment (down 36.9%, 10.2 million visits) in Q2 of 2020 compared with Q2 2018-2019 levels.

Those declines were attributed to two factors: reduced total visit volume and less frequent assessment during telemedicine visits than during in-person visits (9.6% vs. 69.7% for blood pressure; $P < .001$; 13.5% vs. 21.6% for cholesterol; $P < .001$). This particular finding, according to the researchers, underscores the limitation of telemedicine, "at least in its current form," in helping to optimise primary care prevention and chronic disease management.

However, the researchers cite some important limitations to this study, including that both the COVID-19 pandemic and health system response continue to evolve. In addition, the analyses were based on the provision of care at a single point in time.

In conclusion, the researchers say the COVID-19 pandemic has been associated with changes in the structure of primary care delivery, with the content of telemedicine visits differing from that of office-based encounters.

Source: [JAMA](#)

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