

Utilization of Health Services after a Gynecology Telehealth Visit during the COVID-19 Pandemic

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Introduction

The COVID-19 pandemic has resulted in a shift of many gynecology practices to utilize telehealth; however, it is unclear which diagnoses can be better addressed via telehealth compared to in-person visits. We aimed to assess the frequency of in-person follow-up by diagnosis among gynecologic patients seen via telehealth at Dartmouth Hitchcock Medical Center.

Methods

A retrospective cohort study to assess the frequency of in-person follow-up after initial telehealth visit was performed. Patients were categorized based on primary diagnosis at each visit, and measured frequency of in-person follow-up, imaging, and procedures. We used logistic regression to examine adjusted odds of in-person follow-up.

Results

From March 26th to July 21st 2020, the study included 173 patients. The most frequent diagnoses at initial telehealth visit were abnormal uterine bleeding (28.3%), vulvar or vaginal disorders (22.2%), and preconception or infertility counseling (11.1%). The majority of patients (60.1%, n=104) were seen entirely via telehealth during the study period. Among patients with persistent diagnoses across all visits, 65.2% (n=30) with abnormal uterine bleeding, 51.2% (n=21) with vulvar or vaginal disorders, and 100% (n=16) with preconception and infertility were treated entirely over telehealth. After adjustment, odds of an in-person follow-up were 77% (aOR 0.23, 95% CI 0.04, 0.79) and 78% (aOR 0.22, 95% CI 0.06, 0.82) lower among patients seen for health maintenance and preconception or infertility counseling, respectively.

Results

Table 2. Service utilization after initial telehealth visit among patients with persistent primary diagnosis (n = 148)

Index Diagnosis or Purpose, N (%)	Frequency	Follow-Up Utilization Type			
		Telehealth	In-Person	Imaging	Procedure
Abnormal uterine bleeding	46 (31.1%)	30 (65.2%)	16 (34.8%)	18 (39.1%)	9 (19.6%)
Vulvar or vaginal disorders	41 (27.7%)	21 (51.2%)	20 (48.8%)	4 (9.8%)	1 (2.4%)
Preconception and infertility	16 (10.8%)	16 (100.0%)	0 (0.0%)	8 (50.0%)	0 (0.0%)
Contraception	8 (5.4%)	7 (87.5%)	1 (12.5%)	5 (62.5%)	0 (0.0%)
Chronic pelvic pain	7 (4.7%)	5 (71.4%)	2 (28.6%)	1 (14.3%)	1 (14.3%)
Ovarian cyst	7 (4.7%)	3 (42.9%)	4 (57.1%)	2 (28.6%)	4 (57.1%)
Dysmenorrhea	6 (4.0%)	5 (83.3%)	1 (16.7%)	1 (16.7%)	0 (0.0%)
Health maintenance	5 (3.4%)	5 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Amenorrhea or PCOS	5 (3.4%)	4 (80.0%)	1 (20.0%)	0 (0.0%)	0 (0.0%)
Pelvic floor disorder	3 (2.0%)	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)
Abortion counseling	3 (2.0%)	3 (100.0%)	0 (0.0%)	1 (33.3%)	0 (0.0%)
Sexually transmitted disease	1 (0.7%)	1 (100.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)

Conclusion

During the COVID-19 pandemic, telehealth was an important method for providing gynecologic care adopted by many practices. Infertility and preconception visits are more likely to result in exclusive telehealth care. Abnormal uterine bleeding and vulvar or vaginal disorders more frequently required in-person care. In this study population, there was low utilization of the emergency department and no patient required emergent surgery. Telehealth is a feasible option to provide effective gynecologic care, especially in the setting of the ongoing COVID-19 pandemic.