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.