

The Impact of the COVID-19 Pandemic on Outpatient Visits

Alliance for Health Policy COVID-19 Webinar Series
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Research Collaboration: Harvard University and Phreesia

- Phreesia is a health care technology company that helps ambulatory practices with the patient intake process
 - 1,600 provider organizations
 - 50,000 providers
 - 50 states
 - More than 50 million outpatient visits per year (47% primary care)
- Citation: Ateev Mehrotra, Michael Chernew, David Linetsky, Hilary Hatch, and David Cutler. The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges. To the Point (blog); Commonwealth Fund, May 19, 2020.
- <https://doi.org/10.26099/ds9e-jm36>

Figure 1

The number of visits to ambulatory practices declined nearly 60 percent by early April. Since that time a rebound has occurred, but the number of visits is still roughly one-third lower than what was seen before the pandemic.



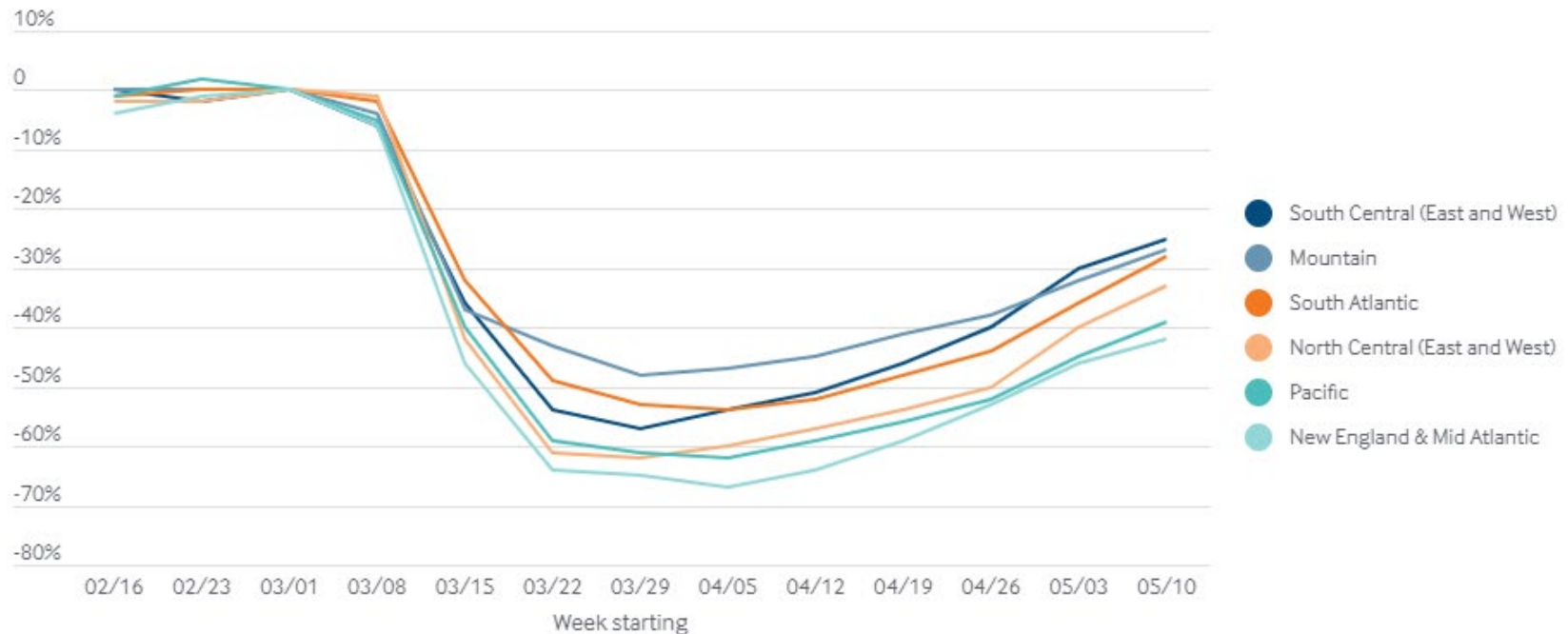
Note: Relative decline in visits between baseline week of March 1 and weeks of April 5 (nadir of visit decline) and May 10 (last week of data). Decline shown is reflective of all visits (telemedicine and in-person). Visits from nurse practitioners and physician assistants not included.

Source: Ateev Mehrotra et al., “[The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges](https://doi.org/10.26099/ds9e-jm36),” *To the Point* (blog), Commonwealth Fund, May 19, 2020. <https://doi.org/10.26099/ds9e-jm36>

Figure 2

The rebound in visits is occurring in all areas of the U.S. but appears largest in the South Central census division.

Percent change in visits from baseline

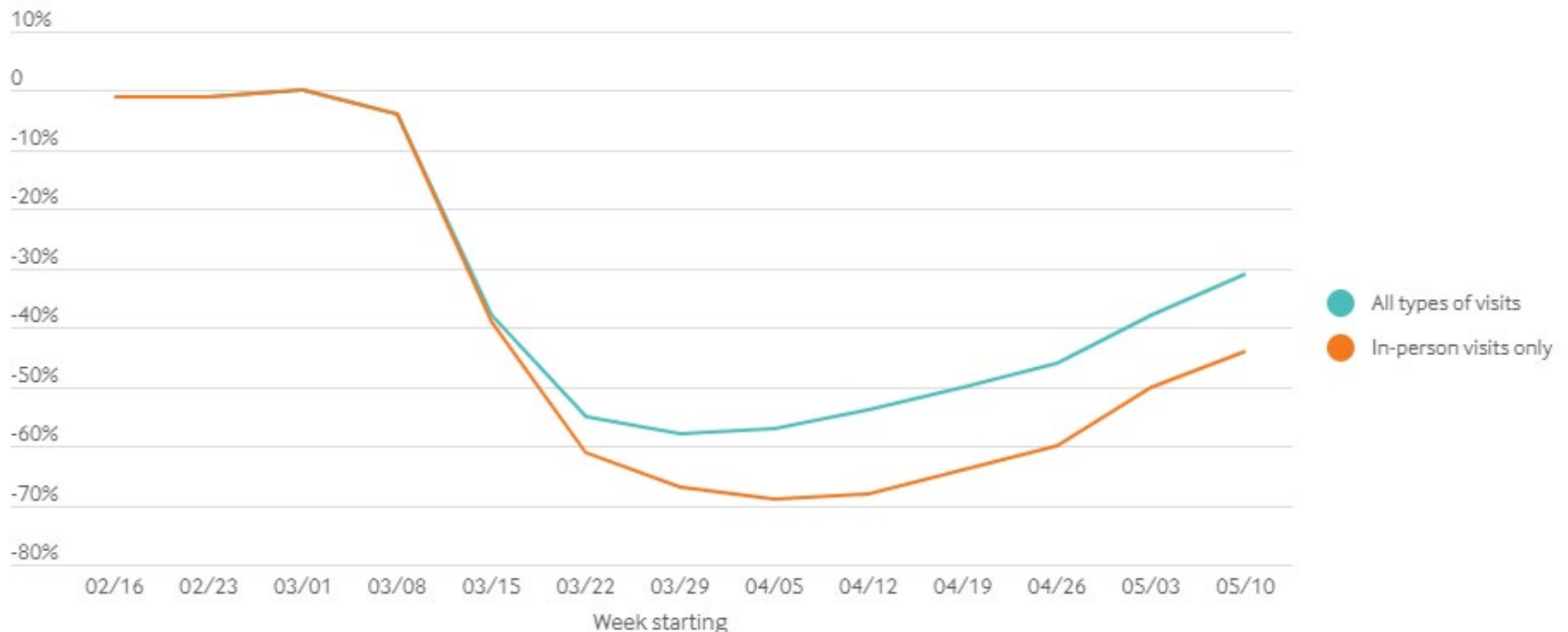


Note: Data are presented as percentage change in number of visits in a given week from the baseline week (March 1-7). Distribution of states across U.S. census divisions is available at the [Census website](#). The South Central census division is composed of Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Tennessee, and Kentucky.

Figure 3

As in-person visits dropped, telehealth visits increased rapidly before plateauing. The rebound in visits is due to more in-person visits rather than more telemedicine visits.

Percent change in visits from baseline



Notes: Data are presented as percentage change in number of visits in a given week from the baseline week (March 1-7). Telemedicine includes both telephone and video visits.

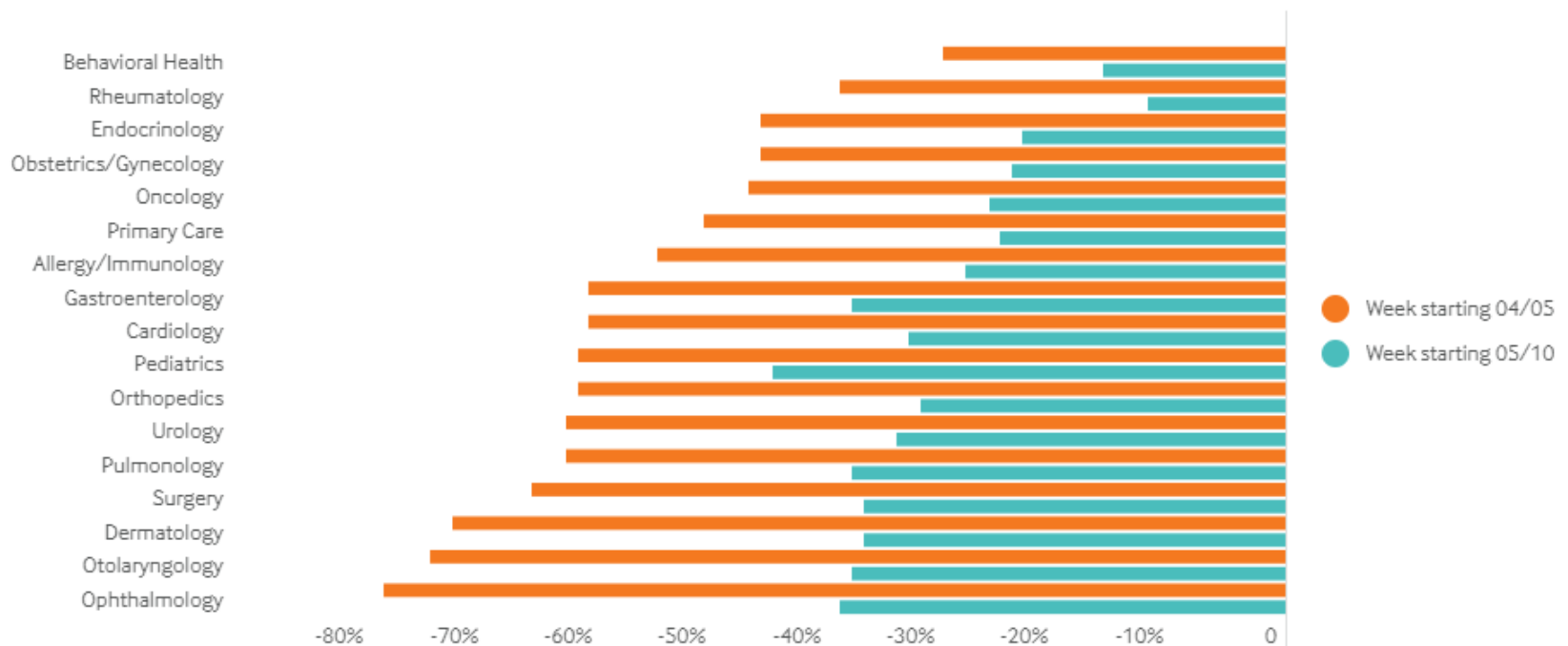
Source: Ateev Mehrotra et al., "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," *To the Point* (blog), Commonwealth Fund, May 19, 2020. <https://doi.org/10.26099/ds9e-jm36>



Figure 5

The rebound in visits has occurred across all specialties. The relative decline in visits remains largest among surgical and procedural specialties and pediatrics. The relative decline is smaller in other specialties such as adult primary care and behavioral health.

Percent change in visits from baseline

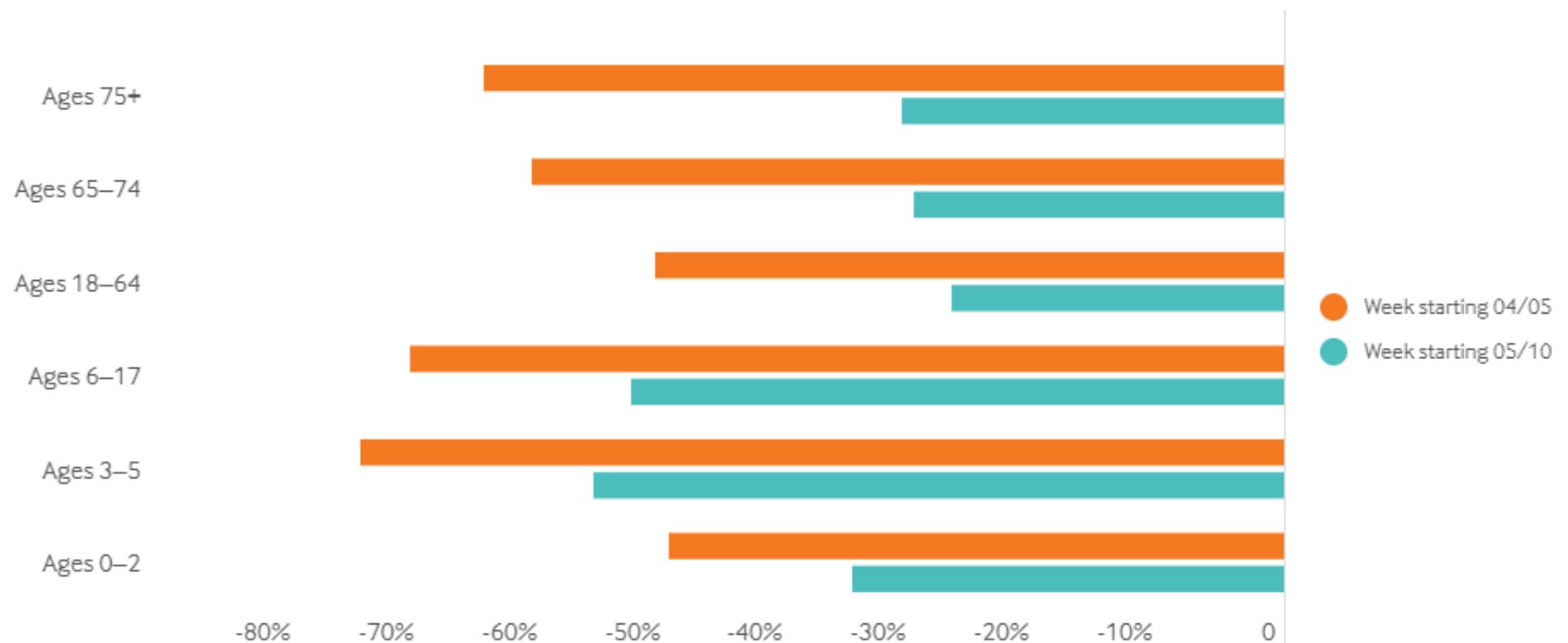


Note: Relative decline in visits between baseline week of March 1 and weeks of April 5 (nadir of visit decline) and May 10 (last week of data). Data only for select specialties shown. Decline shown is reflective of all visit types (in-person and telemedicine). Visits from nurse practitioners and physician assistants are not included.

Figure 6

The rebound has been smaller among school-age children and relatively larger among older adults.

Percent change in visits from baseline

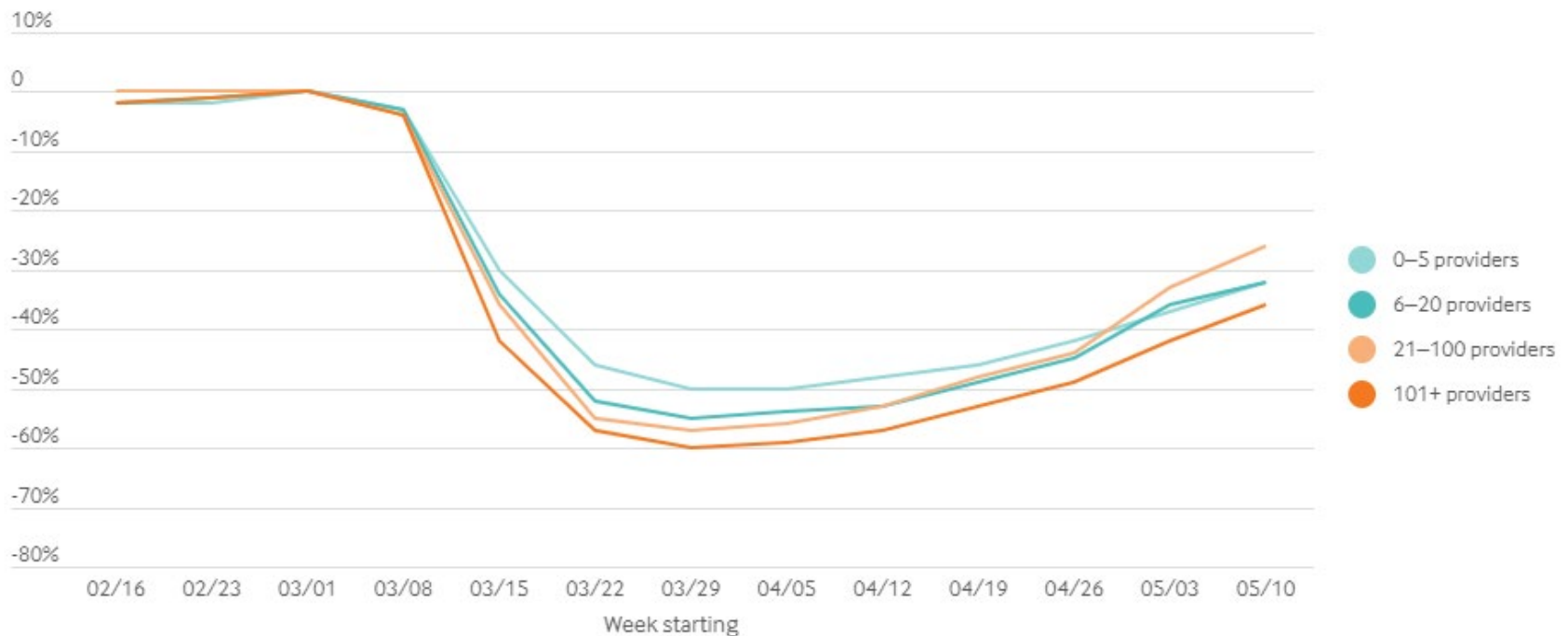


Note: Relative decline in visits between baseline week of March 1 and weeks of April 5 (nadir of visit decline) and May 10 (last week of data). Decline shown is reflective of all visits (telemedicine and in-person). Visits from nurse practitioners and physician assistants not included.

Figure 7

Both the initial decline and the resulting rebound in visits are similar across provider organizations of different sizes.

Percent change in visits from baseline



Notes: Data are presented as percentage change in number of visits of any type (in-person and telemedicine) in a given week from the baseline week (March 1-7). Provider organization size is based on the number of independent clinicians and includes physicians, nurse practitioners, psychologists, physician assistants, and social workers. The organization is the financial entity that contracts with Phreesia. It can be a single clinic or a large health care system comprising numerous clinical sites.

Source: Ateev Mehrotra et al., “[The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges](https://doi.org/10.26099/ds9e-jm36),” *To the Point* (blog), Commonwealth Fund, May 19, 2020. <https://doi.org/10.26099/ds9e-jm36>



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Thank you!

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