



eVisits for Minor Acute Illnesses

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- No disclosures

Purpose

- Evaluate follow-up rates within 30 days and outcomes for Mayo Clinic Rochester empanelled primary care patients who submitted eVisits for a minor acute health care condition

Electronic Visits (eVisits)

- Online based health care
- Patients can obtain medical advice and treatment for a limited menu of conditions
- Asynchronous text communication between patient and health care provider
- Via secure patient online portal
- Typically a set cost (<\$50)
- Convenient for patients

eVisit Process

- Patient selects symptoms/concern from list
- Symptom specific algorithmic questions
- Staffed from 8am-12am by a core group of Family Medicine nurse practitioners
- Expected turn around time 1 hour

eVisit Menu during data collection

- Allergy
- Cold (upper respiratory illness)
- Cold sores
- Influenza
- Lice
- Pink eye (conjunctivitis)
- Sinus symptoms (sinusitis)
- Sore throat
- Sunburn
- Tick exposure
- Urinary tract infections (female only, ages 12 through 75 years)
- Vaginal yeast infection (women ages 18 through 65 years)

Methodology

- Retrospective manual record review
- March 1, 2015 – December 6, 2015
- Data collected
 - Diagnosis
 - Prescription +/-
 - Advice to schedule visit +/-
 - Demographic data
 - Time of eVisit (+/- during clinic hours)
 - Follow up rates and type

Methodology

Outcomes- all 30 days

- Follow up
 - F2f (face-to-face) care
 - Primary care appointment
 - Express care appointment
 - Specialist appointment
 - Non f2f care
 - Phone call
 - Portal message
 - Second eVisit
- Emergency Department visit
- Hospitalizations and deaths

Demographics

Age	N (%)
18 months - 12 years	75 (7%)
13-17	10 (1%)
18-29	207 (20%)
30-39	337 (33%)
40-49	191 (19%)
50-59	150 (15%)
60-69	48 (5%)
70-75	5 (1%)
Gender (female)	901 (88%)

Results

- 1,019 eVisits
- 70% requested during clinic hours
- 57% received a prescription
- top 4 diagnoses=87% of total
 - UTI, sinusitis, URI, conjunctivitis

Results

Prescription type	Number (%)
Oral antibiotic	410 (70%)
Anti-fungal	59 (10%)
Other*	56 (10%)
Topical antibiotic	42 (7%)
Anti-viral	16 (3%)

Results

- Overall, 34% of patients did have a form of follow-up after an eVisit
 - Rate drops to 20% when excluding those instructed to follow-up
- One hospitalization
 - Patient immediately referred to ED by NP
- No deaths within 30 days

Type of follow up (N=350)

- PCP appointment 39%
- Express care 32%
- PCP phone call 16%
- eVisit 6%
- Portal message to PCP 5%
- ED 5%

some had more than one type of follow up

Factors associated with Follow Up

- Instructed to follow up
 - Told to follow up: 83% did
 - Not told to follow up: 20% did
 - $P < 0.001$
- Treatment provided
 - Treated: 17% followed up
 - Not treated: 57% followed up
 - $P < 0.0001$
- Gender NOT associated with follow up
 - Men and women equally likely to follow up

Factors associated with Follow Up (Cont.)

- Diagnosis
 - URI
 - 58% followed-up
 - Sinusitis
 - 26% followed-up

Conclusions

- No adverse outcomes
- Most eVisits requested when clinic open
- Most eVisits are requested by females
- Top 4 diagnosis: UTI, sinusitis, URI, conjunctivitis
- 34% had follow up
 - More likely to follow up if no rx given
- 27% of follow up was non f2f (phone, portal, 2nd eVisit)

Future Research

- Compare eVisit outcomes and antibiotic prescribing rates to those treated by RN protocol



Questions?

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