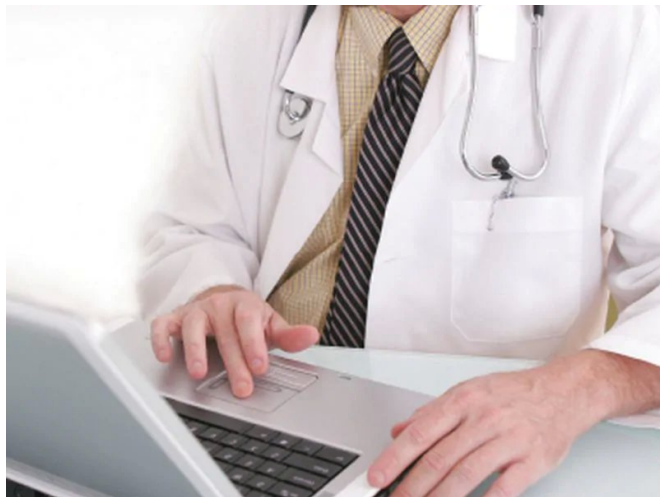


# Telemedicine RTI visits shorter when antibiotic prescribed

2 October 2018



sinusitis. The mean unadjusted encounter length was 6.6, 8, and 7.5 minutes when antibiotics, non-antibiotics, and nothing were prescribed, respectively. In adjusted analyses, encounters that resulted in nothing being prescribed were 0.33 minutes longer than those resulting in antibiotic [prescriptions](#), while those resulting in a prescription of non-antibiotics were 1.12 minutes longer.

"Because telemedicine encounters are short and physicians are often reimbursed by [encounter](#) volume, antibiotic stewardship efforts that lengthen visits even slightly may be challenging to implement," the authors write.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—In a direct-to-consumer (DTC) telemedicine setting, respiratory tract infection (RTI) encounters in which antibiotics are prescribed are shorter than other encounters, according to a research letter published online Oct. 2 in the *Annals of Internal Medicine*.

Kathryn A. Martinez, Ph.D., M.P.H., from the Cleveland Clinic, and colleagues examined the correlation between prescription outcome and length of encounters for RTIs in a DTC telemedicine platform. For each encounter, the prescription outcome was categorized as none, antibiotic, or non-antibiotic. Data were included for 13,438 encounters; 49, 14, 12, and 25 percent of the encounters were for sinusitis, pharyngitis, bronchitis, and other RTIs, respectively.

The researchers found that physicians prescribed [antibiotics](#), non-antibiotics, and nothing in 67, 13, and 20 percent of encounters, respectively. There was variation in the rates for prescribing antibiotics, from 15 percent for other RTIs to 91 percent for

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