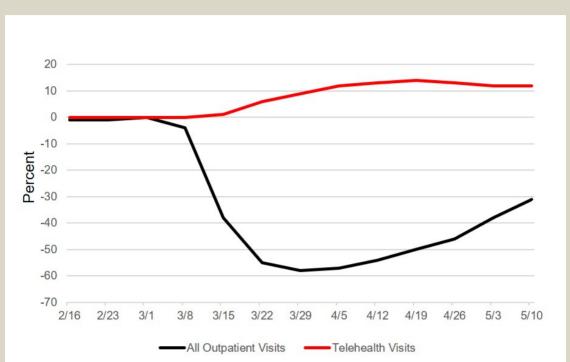


May 2020

With clinic visits off nearly 60% during COVID, virtual care comes into vogue

Sharp reduction in outpatient visits offset by a rise in telehealth



Source: Commonwealth Fund

Key points:

- The COVID-19 pandemic promises to disrupt the delivery of outpatient care by healthcare practices. Since early March, outpatient visits have dropped by an unprecedented amount, declining nearly 60% at their low point. Routine visits were deferred, while certain specialties such as dentistry, eye care, dermatology and general surgery were severely reduced. An increase in virtual care helped to make up the difference, with virtual visits growing 14% from pre-COVID levels. The rate of first-time visits and routine care conducted remotely more than doubled for certain providers.
- The spike in telehealth visits over the past two months occurred out of necessity; however, the surprising ease and convenience of such visits for patients, both for routine and emergency care, is likely to transform healthcare delivery and policies well into the future. Thanks to the growing omnipresence of electronic medical records, healthcare has slowly migrated toward virtual delivery, including phone visits with medical practitioners, video calls, email and remote monitoring and diagnostics. Factors that will accelerate telehealth use in the future include: growing consumer preferences for convenient medical care; continued advances in technology, especially in remote diagnostic tools and monitoring; and expected shifts in reimbursement supporting such care, which is the critical component to its expansion.
- The healthcare real estate industry is rife with speculation about the impact on real estate for ambulatory care with robust adoption of telehealth. While widespread virtual care remains in its early stages, providers are already suggesting key themes from the COVID experiment. Though telehealth implies a remote location, much of telehealth in the future is expected to occur within clinical walls as practitioners shift between in-person and virtual visits and gain increased access to technology enabling more comprehensive remote care (e.g., more home medical devices; wearable, implantable, and even robotic telemedicine carts). The design of practitioner space is expected to shift, with more shared space accommodating telemedicine. Outpatient buildings are expected to incorporate more medical services and amenities. Telehealth will be most valuable as a first line of defense to triage patients while preventing exposure and retain capacity for essential in-person care. Certain high-value imaging, diagnostics, advanced treatments and laboratory requirements will still be conducted at medical buildings. The elusive question is whether real estate utilization per capita will become more efficient overall and the productivity of real estate higher. The current healthcare crisis has placed a spotlight on the delivery system and
- questioned the status quo of healthcare as usual. Time will tell how much of the current embrace of telehealth will stick, and much of it depends on the population served by a particular health system, as well as the long-term CMS and private insurance reimbursement policies. Systems will need to communicate their telehealth procedures clearly and reassuringly to the larger population base going forward.

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