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## 252. Utilization of telehealth by medical toxicologists

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**Background:** The role of telehealth expanded during the initial phases of the COVID pandemic. A prior abstract demonstrated that toxicologist's use of telehealth during this time was fairly limited including in total number of consultations performed and billing. This follow up aims to explore how toxicologists use of telehealth evolved over the last 1.5 years as the pandemic changed and telehealth use became more normalized by the medical community.

**Methods:** The ToxIC Core Registry is a database of patients evaluated at the bedside by medical toxicologists. ToxIC includes cases from 38 sites across the US and 4 sites internationally. A new set of telehealth questions were added to the registry on April 1, 2020. We searched the ToxIC registry from April 2020 to March 2022 to determine how medical toxicologists were using telehealth. Only cases receiving a telehealth evaluation were included. Data collected included: description of telehealth encounter (video/internet, phone, chart review); the reason telehealth was used; and if the consultation was billed. Data from the registry was downloaded from the REDCap ToxIC Core Registry database and analyzed using simple, descriptive statistics.

**Results:** Toxicologists performed 278 telehealth consults from April 2020 to March 2022. There were 144 performed in 2020, 123 in 2021, and 11 through March of 2022. The average patient age was 38 with 51% (n = 141) being male. Most referrals came from the emergency department (n = 139; 50%) or the admitting service (n = 95; 34%). While consults occurred in the clinic, emergency department, and wards, none occurred in the intensive care unit. Similar number of evaluations were done in 2020 and 2021 over the phone (16 and 14 respectively) and via video (54 and 55 respectively) while fewer chart reviews were done (73 and 52 respectively). In 2020 and 2021, concern for the patient being infectious was a common reason for the evaluation to be performed via telehealth. Ten consults were performed via telehealth because the toxicologist did not have admitting or bedside privileges. In 2020, 74 consults were billed while 94 were billed in 2021 and 6 in 2022. Most patients were evaluated following an intentional exposure to a medication or drug. Few addiction medicine evaluations were completed via telehealth, seven in 2020 and 14 in 2021. However, four consults were done for opioid and ethanol withdrawal in 2020 while 17 were completed in 2021.

**Conclusions:** Telehealth appears to be infrequently used by medical toxicologists with fewer telehealth evaluations occurring in 2021 than in 2020. More consults were billed in 2021 than were billed in 2020.

Toxicologists could increase the number of addiction medicine evaluations performed via telehealth as a means to increase patient and billing volume.