Yu et al. Telemedicine in TIA and minor stroke

Supplemental Table 1 Case definitions for outcomes and covariates

Outcomes	Database Definition					
All-cause readmission	Discharge Abstract Database National Ambulatory Care Reporting System	A first re-visit to ED or admission to hospital for any reason in the 90 days following index ED visit				
Stroke readmission	Discharge Abstract Database	Admission to hospital with a primary diagnosis of ischemic stroke (ICD-10-CA I63.1, I64.x, H34.1) or intracerebral hemorrhagic stroke (I61.x) in the 90 days following index ED visit				
Death	Ontario Registered Persons Database	Death within 90 days of index ED visit				
Telemedicine visit	Ontario Health Insurance Plan	Physician billing code - K080, K081, K082, K083, B099A, B100A, B103A, B200A, B203A, B209A				
Physician visits	Ontario Health Insurance Plan ICES Physician Database Corporate Provider Database	The type of consultation (family doctor or stroke specialist) in the 28 days after index ED visit. The overall number of healthcare visits with family doctors and stroke specialists in the 90 days after index ED visit. A visit includes one or more services billed for by a unique physician ID on a single calendar day. Family doctor specialty = 'Family practice and general practice' Stroke specialty = 'Internal medicine', 'Neurology', 'Cardiology', 'Geriatric medicine'				
Neuroimaging	National Ambulatory Care Reporting System Ontario Health Insurance Plan	Canadian classification of health intervention code (CCI) or physician billing code within 14 days of index ED visit including the index event. CT head: CCI code - 3AN20, 3ER20 or Physician billing code - X188, X400, X401, X402, X405				

Yu et al. Telemedicine in TIA and minor stroke

		MRI brain: CCI code - 3AN40, 3ER40 or Physician billing code - X421, X422, X425			
Neurovascular imaging	National Ambulatory Care Reporting System Ontario Health Insurance Plan	Canadian classification of health intervention code (CCI) or physician billing code within 14 days of index ED visit including the index event.			
		CT-angiogram: CCI code - 3JE20, 3JX20 or Physician billing code - X404, X417, X408			
		MR-angiogram: CCI code - 3JE40, 3JX40 or Physician billing code - X431, X435			
		Carotid Doppler: CCI code - 3JE30 or Physician billing code - J190, J191, J192, J490, J491, J492, J201, J501, J195, J189, J489			
Echocardiogram	National Ambulatory Care Reporting System Ontario Health Insurance Plan	Canadian classification of health intervention code (CCI) or physician billing code within 14 days of index ED visit including the index event.			
		CCI code - 3IP30 or Physician billing code - G570, G571, G577, G578, G560, G561, G562, G566, G567, G568, G572, G574, G575, G576, G580, G581, G579			
Anti- hypertensive medication	Ontario Drug Benefit	Individual is considered on an antihypertensive at baseline if prescription was dispensed in the 100 days before the index ED visit or up to 7 days after the ED visit and where the days supply encompasses the ED visit date.			
		Includes drugs of sub-class: ACE-inhibitors, angiotensin receptor blockers, beta-blockers, calcium channel blockers, calcium blockers, diuretics, and potassium-sparing diuretics			
		or Drug names: clonidine HCL, doxazosin mesylate, guanethidine monosulfate, prazosin HCL, reserpine, reserpine & hydrochorothiazide,			

Yu et al. Telemedicine in TIA and minor stroke

		terazosin HCL, methyldopa, methyldopa HCL, prazosin, hydralazine		
Anti- dyslipidemia medication	Ontario Drug Benefit	Individual is considered on an anti- dyslipidemia at baseline if prescription was dispensed in the 100 days before the index ED visit or up to 7 days after the ED visit and where the days supply encompasses the ED visit date.		
		Includes drugs of subclass: statins, calcium blockers and anti-lipemic combination, fibrates, or other antilipemic or Drug names: nicotinic acid, niacin, cholostyromina, cholostyromina recip		
		cholestyramine, cholestyramine resin, cholestyramine resin complex, colestipol HCL		
Anti- hyperglycemic medication	Ontario Drug Benefit	Individual is considered on an antihyperglycemic at baseline if prescription was dispensed in the 100 days before the index ED visit or up to 7 days after the ED visit and where the days supply encompasses the ED visit date.		
		Includes drugs of subclass: insulins, oral anti- glycemics (including acarbose, acetohexamide, alogliptin, canagliflozin, chlorpropamide, dapagliflozin, gliclazide, glimepiride, glipizide, glyburide, guar gum, linagliptin, metformin, nateglinide, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin, tolbutamide, troglitazone)		
Predictor variables	Database	Definition		
Age (continuous)	Ontario Registered Persons Database	≥ 18 years of age as of index ED visit		
Sex	Ontario Registered Persons Database	Male, Female		
Neighborhood income quintile	Statistics Canada Census Postal Code Conversion File	Using the smallest standard geographic area for which census data are disseminated (400-700 persons) to identify a person's		

Yu et al. Telemedicine in TIA and minor stroke

		neighbourhood of residence and the neighbourhood's average income			
Rural home location	Postal Code Conversion File	Using the smallest standard geographic area for which census data are disseminated (400-700 persons) to determine the extent of urbanicity of a person's residence Community size = 1 or 2 or 3 'Large urban 100+k' Community size = 4 'Medium urban 10-100k' Community size = 5 or 9 'Small town <10k'			
Hypertension	Discharge Abstract Database Same Day Surgery Database Ontario Health Insurance Plan	Lookback to 1991: ≥2 outpatient claims (ICD-9 401.x, 402.x, 403.x, 404.x, or 405.x) in a two-year period, or 1 outpatient + 1 hospitalization or day surgery record (ICD-10-CA I10.x, I11.x, I12.x, I13.x, or I15.x) in a two-year period, or If no outpatient record is found, ≥1 hospitalization or day surgery record			
Diabetes	Discharge Abstract Database Ontario Health Insurance Plan Ontario Drug Benefit Program	Lookback to 1991: ≥2 outpatient claims (ICD-9 250) in a one- year period, or ≥1 hospitalization (ICD-10-CA E10, E11, E13, E14), or ≥1 diabetes drug claim in a one-year period			
Atrial fibrillation	Discharge Abstract Database National Ambulatory Care Reporting System Ontario Health Insurance Plan	Lookback to 1988: 1 hospitalization or 1 ED visit (ICD-10-CA I48) or 4 outpatient claims (ICD-9 427) in a 1-year period			
Dyslipidemia	Discharge Abstract Database Same Day Surgery Database Ontario Health Insurance Plan	Lookback to 1991: 1 hospital admission (ICD-9 272 or ICD-10-CA E78 as any diagnosis), or 2 outpatient claims (ICD-9 272) within 2 years, or 1 outpatient claim followed by 1 hospital admission within 2 years			
History of stroke	Discharge Abstract Database	Lookback to 1988: Ischemic stroke: ICD-10-CA I63, I64, H341; ICD-9 434, 436, 362.3 or			

Yu et al. Telemedicine in TIA and minor stroke

		Hemorrhagic stroke: ICD-10-CA I60, I61; ICD-9 430, 431
Coronary artery disease	Discharge Abstract Database Same Day Surgery Database	Lookback to 1988: ICD-10-CA I21, I22, or CCI 1IJ50, 1IJ57GQ, 1IJ54, 1IJ76 ICD-9 410 or CCP 4802, 4803, 481
Peripheral artery disease	Discharge Abstract Database Same Day Surgery Database	Lookback to 1988: ICD-10-CA I702, I713, I714, I739, I743, I744 or CCI 1JE57, 1JE50, 1JE87 ICD-9 4402, 4413, 4414, 4439, 4442 or CCP 5012

ED: emergency department, CCI: Canadian classification of health interventions, CCP: Canadian classification of procedures

Yu et al. Telemedicine in TIA and minor stroke

Supplemental Table 2 Clinic visits and care before and after the implementation of outpatient telemedicine billing codes

	Before telemedicine	After telemedicine	Risk Difference
	n = 40,098	n = 7,503	[95% confidence intervals]
At least 1 visit within 28 days n (%)	33,353 (83.2%)	6,403 (85.3%)	2.2 [-0.1 , 4.4]
Visit type within 28 days n (%)	, , , , , , , , , , , , , , , , , , , ,	-) ()	<u> </u>
In-person and telemedicine	373 (0.9%)	2,496 (33.3%)	32.3 [31.0 , 33.6]
In-person only	32,817 (81.8%)	1,284 (17.1%)	-64.7 [-66.0, -63.4]
Telemedicine only	163 (0.4%)	2,623 (35.0%)	34.6 [33.2 , 35.9]
No visits	6,745 (16.8%)	1,100 (14.7%)	-2.2 [-3.1 , -1.2]
At least 1 visit within 90 days n (%)	37,254 (92.9%)	7,053 (94.0%)	1.1 [-1.3 , 3.5]
Visit type within 90 days n (%)			-
In-person and telemedicine	1,298 (3.2%)	4,264 (56.8%)	53.6 [51.9 , 55.3]
In-person only	35,723 (89.1%)	817 (10.9%)	-78.2 [-79.4 , -77.0]
Telemedicine only	233 (0.6%)	1,972 (26.3%)	25.7 [24.5, 26.9]
No visits	2,844 (7.1%)	450 (6.0%)	-1.1 [-1.7 , -0.5]
Family doctor visits within 90 days n (%)			
0	8,753 (21.8%)	1,802 (24.0%)	2.2 [1.0, 3.4]
1	10,218 (25.5%)	1,572 (21.0%)	-4.5 [-5.7 , -3.4]
2	8,728 (21.8%)	1,369 (18.2%)	-3.5 [-4.6 , -2.5]
3+	12,400 (30.9%)	2,760 (36.8%)	5.9 [4.4 , 7.3]
Stroke specialist visits within 90 days n (%)			
0	9,235 (23.0%)	1,432 (19.1%)	-3.9 [-5.0 , -2.9]
1	16,564 (41.3%)	2,740 (36.5%)	-4.8 [-6.3 , -3.3]
2	9,211 (23.0%)	1,860 (24.8%)	1.8 [0.6, 3.0]
3+	5,088 (12.7%)	1,471 (19.6%)	6.9 [5.9, 8.0]
Brain imaging in ED n (%)	32,597 (81.3%)	6,161 (82.1%)	0.8 [-1.4 , 3.1]
Brain imaging within 14 days n (%)	36,728 (91.6%)	6,930 (92.4%)	0.8 [-1.6 , 3.1]
Vascular imaging in ED n (%)	10,246 (25.6%)	3,691 (49.2%)	23.6 [22.0 , 25.3]
Vascular imaging within 14 days n (%)	30,006 (74.8%)	6,300 (84.0%)	9.1 [6.9 , 11.4]
Echocardiogram within 90 days n (%)	21,054 (52.5%)	3,952 (52.7%)	0.2 [-1.6, 2.0]
Medications refilled within 100 days ^a			
Anti-hypertensives n/N (%)	19,042/20,652	3,529/3,827	0.0 [-3.3 , 3.3]
	(92.2%)	(92.2%)	
Anti-hyperlipidemia agent n/N (%)	15,510/17,320	3,076/3,388	1.2 [-2.3 , 4.7]
	(89.5%)	(90.8%)	
Anti-hyperglycemic n/N (%)	5,237/5,737	1,068/1,146	1.5 [-4.6 , 7.6]
	(91.3%)	(92.8%)	

ED: emergency department

^a Denominators reflect number of patients aged >65 years on the medication at baseline

Yu et al. Telemedicine in TIA and minor stroke

Supplemental Table 3 Patient characteristics comparing patients who had at least one ambulatory clinic visit within 28 days of emergency department discharge to those without visits before and after the implementation of outpatient telemedicine billing codes

	Before telemedicine* n = 39,562			After telemedicine n = 7,503			
	In-person only	No visits	p-value	In-person only	No visits	≥1 Telemed	p-value
	n = 32,817	n = 6,745		n = 1,284	n = 1,100	n = 5,119	
Median age (IQR), yrs	72 (62, 81)	75 (63, 85)	< 0.001	73 (63, 81)	73 (62, 83)	73 (63, 81)	0.007
Age group n (%)							
18-45 years	1,350 (4.1%)	344 (5.1%)	< 0.001	50 (3.9%)	52 (4.7%)	220 (4.3%)	< 0.001
46-65 years	9,315 (28.4%)	1,663 (24.7%)		334 (26.0%)	298 (27.1%)	1,440 (28.1%)	
66-75 years	8,527 (26.0%)	1,448 (21.5%)		344 (26.8%)	263 (23.9%)	1,410 (27.5%)	
76-85 years	8,911 (27.2%)	1,685 (25.0%)		388 (30.2%)	279 (25.4%)	1,387 (27.1%)	
>85 years	4,714 (14.4%)	1,605 (23.8%)		168 (13.1%)	208 (18.9%)	662 (12.9%)	
Female sex n (%)	16,118 (49.1%)	3,404 (50.5%)	0.043	603 (47.0%)	541 (49.2%)	2,538 (49.6%)	0.244
Neighborhood Income							
Quintile n (%)							
1 (lowest)	6,779 (20.7%)	1,704 (25.3%)	< 0.001	258 (20.1%)	273 (24.8%)	934 (18.2%)	< 0.001
2	6,911 (21.1%)	1,454 (21.6%)		290 (22.6%)	211 (19.2%)	1,039 (20.3%)	
3	6,603 (20.1%)	1,315 (19.5%)		249 (19.4%)	226 (20.5%)	1,031 (20.1%)	
4	6,084 (18.5%)	1,141 (16.9%)		256 (19.9%)	184 (16.7%)	996 (19.5%)	
5 (highest)	6,356 (19.4%)	1,087 (16.1%)		227-232	201-206	1,104 (21.6%)	
Missing	84 (0.3%)	44 (0.7%)		+	+	15 (0.3%)	
Residence n (%)		, ,				, ,	
'Large urban 100+k'	25,288 (77.1%)	4,174 (61.9%)	< 0.001	827 (64.4%)	657 (59.7%)	4,001 (78.2%)	< 0.001
'Medium urban 10-100k'	3,364 (10.3%)	1,079 (16.0%)		212 (16.5%)	182 (16.5%)	454 (8.9%)	
'Small town <10k'	4,165 (12.7%)	1,492 (22.1%)		245 (19.1%)	261 (23.7%)	664 (13.0%)	
Most responsible diagnosis n	. ,	, , ,			,	, ,	
(%)			< 0.001				
Ischemic stroke	7,804 (23.8%)	2,072 (30.7%)		312 (24.3%)	366 (33.3%)	1,193 (23.3%)	< 0.001
Transient ischemic attack	25,013 (76.2%)	4,673 (69.3%)		972 (75.7%)	734 (66.7%)	3,926 (76.7%)	
ED Hospital type	,	, ,					
Comprehensive stroke centre	6,885 (21.0%)	1,144 (17.0%)	< 0.001	352 (27.4%)	239 (21.7%)	1,167 (22.8%)	< 0.001
Primary stroke centre	5,805 (17.7%)	1,150 (17.0%)		223 (17.4%)	263 (23.9%)	972 (19.0%)	
Non-designated stroke centre	20,127 (61.3%)	4,451 (66.0%)		709 (55.2%)	598 (54.4%)	2,980 (58.2%)	
Hypertension n (%)	23,142 (70.5%)	4,737 (70.2%)	0.6351	839 (65.3%)	730 (66.4%)	3,426 (66.9%)	0.553

Appendix 1, as supplied by the authors. Appendix to: Yu AYX, Penn J, Austin PC, et al. Telemedicine use and outcomes after transient ischemic attack and minor stroke during the COVID-19 pandemic: a population-based cohort study. CMAJ Open 2022. doi: 10.9778/cmajo.20220027. Copyright © 2022 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.

Yu et al. Telemedicine in TIA and minor stroke

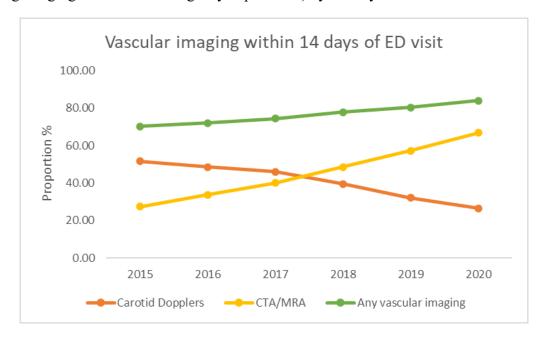
Diabetes n (%)	10,152 (30.9%)	2,140 (31.7%)	0.2	395 (30.8%)	348 (31.6%)	1,624 (31.7%)	0.801
Atrial fibrillation n (%)	5,588 (17.0%)	1,332 (19.7%)	< 0.001	181 (14.1%)	179 (16.3%)	843 (16.5%)	0.114
Dyslipidemia n (%)	13,360 (40.7%)	2,440 (36.2%)	< 0.001	454 (35.4%)	368 (33.5%)	2,058 (40.2%)	< 0.001
History of stroke n (%)	3,115 (9.5%)	1,034 (15.3%)	< 0.001	104 (8.1%)	155 (14.1%)	456 (8.9%)	< 0.001
Coronary artery disease n	4,820 (14.7%)	1,023 (15.2%)	0.312	162 (12.6%)	160 (14.5%)	662 (12.9%)	0.300
(%)							
Peripheral artery disease n	1,056 (3.2%)	300 (4.4%)	< 0.001	36 (2.8%)	32 (2.9%)	126 (2.5%)	0.249
(%)							

^{*}Patients with telemedicine visits in the 2015-2020 "before telemedicine" period are censored due to small numbers.

[†] Censored due to small numbers.

Yu et al. Telemedicine in TIA and minor stroke

Supplemental Figure 1 Vascular imaging within 14 days of the emergency department visit (including imaging done in the emergency department) by fiscal years



CTA: computed tomography angiography, MRA: magnetic resonance angiography