

Supplement 1: Data Validation

To validate the accuracy of category assignment, a random sample of 200 patient visits sorted into the automatic telemedicine exclusion categories was analyzed by an experienced pediatric clinician in a blinded fashion. Further, to validate the accuracy of categorization of the remaining visits above into the telemedicine likely of value, telemedicine potentially of value, and telemedicine not of value, a separate random sample of 200 patient visits was analyzed in a blinded fashion by a second experienced pediatric clinician. Interrater reliability was found to be 97.5% for the automatic telemedicine exclusion criteria. This includes five visits that were mistakenly misclassified into the automatic exclusion groups. However, all five would have been placed into a group where an office visit would have been necessary for definitive treatment. Interrater reliability was 41.5% for the remaining patient visits when looking at exact matches across telemedicine likely of value, telemedicine potentially of value, and telemedicine not of value. However, there was 92% agreement when telemedicine not of value and telemedicine potentially of value were combined.