

The digital gateway to men's health: a narrative review of direct-to-consumer healthcare platforms

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The rapid expansion of telemedicine and direct-to-consumer (DTC) healthcare platforms has redefined how patients, particularly men, access evaluation and treatment for sensitive health concerns. These models offer convenience and rapid access to care for conditions with limited insurance coverage and limited specialist availability. By offering discreet and highly marketed routes for treatment, DTC platforms have effectively normalized discussions of conditions such as erectile dysfunction and hypogonadism, while also driving consumer demand. However, DTC platforms may lack

adequate clinical evaluation, including physical examination, comprehensive history-taking, integration with broader healthcare systems, and adherence to evidence-based guidelines. As the landscape of men's healthcare continues to evolve, healthcare providers play a critical role in reinforcing evidence-based practice and patient education as they provide high-quality clinical care. The objective of this narrative review is to characterize the current landscape of DTC platforms in men's health to help inform clinicians as they work to navigate this evolving space.

Key Words: direct-to-consumer, telemedicine, men's health, sexual medicine, testosterone deficiency, erectile dysfunction

Introduction

Telemedicine has become increasingly integrated into routine patient care. The COVID-19 pandemic accelerated telehealth adoption as in-clinic care became restricted, and the regulatory environment soon adapted to enable broader use of telehealth for this purpose. By 2021, over one-third of adults in the United States (U.S.) had utilized telehealth services.¹

As a result, telemedicine is now broadly established as a key element of patient access and care.² Telemedicine has been expanded as a utility for virtually all medical disciplines: from primary care to cancer and even surgical subspecialty fields.^{3,4} There is ample data confirming high patient satisfaction in practices adopting telehealth expansion following the COVID-19 pandemic.⁵ This expansion has been accompanied by rapid market growth in the telehealth space, from \$17.9 billion in 2020 to a projected \$140 billion by 2030, driven largely by venture funding.⁶

Telemedicine broadly refers to the remote delivery of healthcare services via telecommunications technology, while direct-to-consumer (DTC) platforms are commercial services that connect patients directly

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to providers or health-related products, often outside of traditional insurance and clinical frameworks. The increase in telemedicine utilization has been coupled with growing DTC telehealth platforms, particularly those offering men's health services. Men who experience sexual dysfunction are less likely to seek conventional care due to stigma, limited knowledge of treatment options, and access barriers.^{7,8} The rise of heavily marketed DTC platforms has led to an increase in the number of men turning to these companies for pharmacologic care. However, as more men turn to DTC platforms for their care, valid concerns over the quality and comprehensiveness of DTC care have arisen. This review aims to examine the potential advantages and challenges of DTC platforms in men's health and provides recommendations for healthcare providers going forward.

Telemedicine vs. DTC

Telemedicine, as outlined by the Code of Federal Regulations, refers to the delivery of healthcare services by a physician or qualified healthcare provider located at a distant site through telecommunications technology that allows for either real-time, two-way interaction or asynchronous transmission of medical information.⁹ It allows patients to access care without needing to visit a physical office, typically as an extension, but sometimes in lieu of, in-clinic care. The acceleration of telemedicine in urologic practices due to COVID-19 was well embraced, with high patient satisfaction scores following urology visits.^{10,11} Men's health offers a unique avenue for telemedicine integration, as remote evaluation can engage patients who might otherwise forgo care entirely. For example, White et al. demonstrated that in-office and telehealth vasectomy consultations led to similar vasectomy rates, highlighting telemedicine's potential to improve access and capture patients who may not have otherwise presented for in-person care.¹²

In contrast, DTC platforms are companies or digital services that sell products or provide healthcare services directly to consumers without involvement of traditional insurance and clinical frameworks. While many incorporate licensed clinicians and pharmacy services through their own networks, they operate independently from conventional healthcare infrastructure. DTC platforms have gained significant popularity in the men's health space, and often incorporate telemedicine into their service offerings, including treatment for testosterone deficiency (TD) or erectile dysfunction (ED), that may involve a virtual meeting with a clinician. Users of men's health

DTC platforms tend to be younger, middle-class, and often present with concerns about low testosterone.¹³

The distinction between telemedicine and DTC platform models is important. Telemedicine uses traditional diagnostics, treatments, pharmacies, and insurance billing, often differing from conventional care only in the absence of the in-person physical exam. DTC platforms, by contrast, employ direct-to-consumer marketing emphasizing convenience, accessibility, and anonymity. These platforms typically operate on a cash-only basis, outside of traditional insurance models. Rather than offering comprehensive clinical assessments, DTC platforms provide targeted treatments for concerns initiated by patients. They often generate significant revenue from the sale of prescription medications and operate on a model led by patient self-identification of symptoms or concerns. DTC platforms often offer to treat symptoms, whereas traditional telemedicine care looks to assess and diagnose them first.

Although these distinctions are useful, defining a particular business or practice as either telemedicine or DTC can be challenging. Many telemedicine practices have added DTC-like service offerings, while some DTC platforms have moved towards offering comprehensive care for their patients. In this regard, telemedicine and DTC are characteristics that may coexist within the same business or platform. As companies and practices continue to evolve, the lines between DTC and telemedicine will likely continue to blur.

Rise of Direct-to-Consumer Advertising and Direct-to-Consumer Platforms

Direct-to-consumer advertising (DTCA) for prescription drugs can be traced to the early 1980s. Pharmaceutical-led initiatives sought to increase drug sales by expanding patient awareness and influencing medical decision-making.¹⁴ Many of these campaigns were highly successful. For example, an advertising campaign for Orflex, an arthritis medication produced by Eli Lilly and Company, resulted in over 500,000 prescriptions written within 12 weeks of the drug entering the market.¹⁵ By the late 1990s, pharmaceutical advertising expenditures directed at the public had tripled.¹⁶

In men's health, early DTCA efforts focused on phosphodiesterase type 5 (PDE-5) inhibitors for ED. Advertising campaigns for Viagra (sildenafil) and Cialis (tadalafil) were initiated in 1998 and 2004, respectively, and ranked among the top 20 pharmaceutical DTCA expenditures by 2005.¹⁷ These

campaigns increased awareness of ED as a treatable condition and normalized help-seeking behavior for a historically stigmatized condition. The resulting growth in patient demand coincided with structural barriers to care, including cost, limited provider availability, and geographic access constraints.

Increased public demand was soon followed by the emergence of DTC platforms offering treatment with these medications. In the late 2010s, platforms such as Hims, Ro, and BlueChew marked an evolution for men's health care delivery. By combining advertising, digital intake, and remote prescribing, these platforms positioned themselves to meet growing consumer demand while reducing traditional barriers to access. DTC platforms for ED witnessed a 1500% increase in online visits from 2017 to 2019. Subsequently, traffic and PDE-5 inhibitor sales increased dramatically during the COVID-19 pandemic.^{18,19} With reduced access to in-person care during the pandemic, many men turned to DTC platforms to receive online care from the privacy of their own homes. In 2020, one DTC platform identified ED as the second most common condition for which patients sought treatment.²⁰ Following in the footsteps of successful ED platforms, DTC TRT companies have gained significant popularity since the COVID-19 pandemic. Increasingly popular discussions on the rising crisis of male infertility including concerns over declining sperm counts have inspired the creation of many DTC male fertility companies. The rapid expansion of DTC platforms in men's health reflects substantial demand for more accessible treatment options for conditions traditionally underserved by conventional healthcare delivery models.

Collectively, DTCA expanded awareness and treatment of men's health conditions. It functioned to increase public awareness, destigmatized conversations around men's health issues and sparked a consumer-driven market for men's health treatments. With increasing health costs, societal stigma, and lack of access to care, DTC platforms emerged to meet the growing demand and helped facilitate access to care.

Advantages of DTC for Men's Health

Privacy, anonymity

DTC platforms confer the advantage of privacy and anonymity when men seek treatment for sensitive and stigmatized conditions. In a survey of 210 men under the age of 40, privacy was the most prominent consideration in how men acquired their ED medications.²¹ DTC platforms address this desire for privacy by eliminating trips to both the doctor's office

and the pharmacy, where men may be embarrassed to discuss their condition or to be seen altogether. Instead, these companies supply men with medications via plain, discreet packages that are shipped directly to their homes and without meaningful longitudinal interaction with a provider. While mail-in pharmacies partially address the need for discretion, men obtaining mail-in prescriptions via conventional medical care are still required to interact with a healthcare provider, disclose and discuss their condition.²² Often with little-to-no human interaction, DTC platforms offer the most discreet and privacy-focused treatment.

The privacy and anonymity of DTC care is also advantageous for men pursuing fertility testing. Male fertility remains heavily stigmatized as men associate infertility with a perceived lack of masculinity.²³ Providing a semen analysis can be uncomfortable and embarrassing, especially in an office setting. Accordingly, men are reluctant to pursue semen testing or discuss infertility with a healthcare provider. DTC platforms provide an easy solution to overcoming the stigma associated with male fertility testing. By offering at-home semen analysis kits, men can have their fertility assessed from the privacy of their homes with minimal to no contact. Not surprisingly, men are more willing to perform an at-home semen analysis over a traditional laboratory or clinic.²⁴ Allowing men to address their fertility concerns from the comfort and privacy of their homes, DTC platforms are creating a safe space for more men to more actively investigate their health.

Thus, DTC platforms address a key barrier to care: the desire for privacy when seeking treatment for stigmatized men's health conditions.

Convenience

Men are reluctant to disrupt their professional or personal schedules to attend in-person visits. Patients demonstrate a preference for convenience, with inconvenience identified as a significant barrier to treatment in men's health.^{25,26} DTC platforms overcome this barrier, allowing patients to receive care in a manner flexible to their schedule, with one study reporting that a majority of DTC telemedicine visits occur outside normal business hours.^{20,25} Removing the barriers of additional cost, whether it be time or wages lost, and travel are advantages that both traditional telemedicine and DTC provide for their users. For many men, taking time off work and traveling to a clinic represents not only a logistical challenge, but also a potential financial burden related to lost wages and transportation costs.²⁷⁻²⁹ Collectively, these features of DTC may contribute to increased engagement

for numerous men's health conditions, including testosterone deficiency and male infertility.

Improved access to urologic treatment

With a growing shortage of urologists coupled with an aging U.S. population, access to urologic care for patients warrants increasing attention.³⁰ According to the American Urological Association's (AUA) 2020 State of Urology Workforce Practice in the U.S. Report, 23.4% of urologists had new patient wait times of four weeks or longer for a first appointment.³¹ Notably, it has been demonstrated that a substantial proportion of referrals to urologists may not require an in-person evaluation.³² DTC platforms may help reduce unnecessary in-office visits and streamline access to treatment for appropriately selected patients.

Beyond broad workforce shortages, geographic distribution of urologists poses a prominent concern for some patients. Rural counties particularly have been found to have a near-zero density of urologists, and over 60% of counties in the U.S. do not have a practicing urologist.^{33,34} These distribution patterns extend to subspecialty care within urology. For example, Nangia et al. characterized the unequal geographic distribution of male infertility specialists, finding large geographic regions throughout the United States without even a single reproductive urologist.³⁵ Such disparities have been associated with poor fertility outcomes among individuals residing in non-metropolitan urban and rural areas compared to those in a metropolitan setting.³⁶ Collectively, these findings underscore how workforce shortages and unequal urologist distribution may contribute to gaps in specialist care, creating space for alternative care delivery models to mitigate regional inequities. DTC platforms may help address these inequities through remote access, providing much needed care to people in medical deserts.

Insurance coverage represents an additional barrier to urologic care that is addressed by DTC platforms. Many health insurance plans do not provide coverage for common men's health conditions, including ED.³⁷ These coverage gaps disproportionately affect uninsured and underinsured patients and further limit their access to care. Variability in prescription pricing has further contributed to cost-related barriers to care. In response, alternative cost-reduction models have been developed. For example, the Mark Cuban Cost Plus Drug Company has demonstrated comparable or lower prices for 90-day prescription of medications commonly used for urologic conditions such as tadalafil.³⁸ DTC platforms reduce cost-related barriers not through lower drug

prices, but by removing insurance requirements and providing transparent pricing with direct medication access, allowing patients access to care without insurance barriers. In this way, these platforms provide quicker and easier access to care for many men, offering solutions that traditional telemedicine may not always provide.

Destigmatization of men's health

Societal stigma surrounding men's health conditions may contribute to delays in seeking care. While men presenting to physicians are typically met with nonjudgemental care, broader cultural norms surrounding masculinity, sexual health, and fertility may discourage men from engaging with their healthcare providers. Fewer than 30% of men concerned about their infertility were likely to discuss their concerns with a healthcare provider.²⁴ Similarly, among men reporting sexual dysfunction, more than three-fourths have not spoken with a physician, citing reasons such as embarrassment and perceiving the problem as too insufficient to seek care from a physician.⁷ These findings suggest that hesitation to seek care may be from discomfort and stigma that men have internalized, rather than negative clinical experiences.²⁶ DTC platforms have played a critical role in adjusting societal perceptions of men's health conditions. Although men's health remains significantly stigmatized, media coverage and public discourse on these conditions have increased substantially in recent years, with DTC platforms serving as significant contributors to this shift. Through widespread marketing on television, social media, and podcasts, DTC ad campaigns normalize conversations and even encourage men to seek care for men's health issues like ED, low testosterone, and infertility. While further efforts are necessary, DTC platforms have played a pivotal role in increasing patient awareness and engagement with men's health.

Disadvantages of DTC for Men's Health

Limited to no contact with prescribers on platforms

DTC platforms often function with a reliance on screening questionnaires for patients.³⁹ Of 14 platforms evaluated for ED in 2022, only four explicitly promoted physician-only consultations, with direct contact occurring with the prescriber only when needed clinically or mandated by state regulations.⁴⁰ A study evaluating US-based companies offering testosterone therapy online found that of 7 companies evaluated, none conducted the initial consultations

with a physician, and only one asked about recent cardiovascular events or future fertility goals.⁴¹ Often lacking direct contact with prescribers, DTC platforms have been shown to lead to overlooking substantial comorbidities in men seeking help.³⁹ The limited history-taking and clinical assessment, coupled with reliance on standardized forms, may fail to capture nuances in patient care. In many cases, these platforms may address symptoms without evaluating underlying causes.

Lack of comprehensive diagnostic exam

While DTC platforms expand accessibility, they often rely on fully remote evaluation of patients that lacks comprehensive diagnostic workup and physical examination. The absence of an in-person physical exam is not unique to DTC platforms and represents a limitation in telehealth itself. However, traditional telehealth models often incorporate structured referral patterns, allowing physicians to coordinate imaging, laboratory testing, or in-person evaluation through local providers when needed. In contrast, DTC platforms may not have such integrated mechanisms for follow-up. The importance of the physical exam has been reflected in both research and current guidelines. One study reported that 35% of patients undergoing physical exam for the workup of ED were found to have a varicocele, underscoring the potential for clinically significant findings that questionnaires may miss.³⁹ The AUA guidelines for ED, TD, and male infertility highlight the importance of the targeted physical examination, including assessment of testes for masses and evaluation for the presence of a varicocele.^{42–44} Additionally, given the association between TD and cardiovascular disease, mortality, and health-care utilization, comprehensive evaluation and risk stratification remains vital.^{45,46} Without mechanisms for in-person evaluation, DTC platforms risk missing contributing or alternative pathologies.

Clinical risks and patient safety

While often appearing isolated to one aspect of health, men's urologic health conditions are often intertwined with their overall health. Erectile dysfunction has been recognized as a marker for cardiovascular disease and is also associated with diabetes.⁴⁷ AUA guideline statements highlight the importance of this, and the need to consider further evaluation and treatment for patients.⁴² While DTC platforms allow patients to seek treatment for ED, they lack in comprehensive cardiovascular risk management, leaving opportunities to miss early detection of underlying cardiovascular disease or detection of any other underlying issues like

low testosterone, diabetes or mental health issues. DTC platforms often address symptomatic treatment without investigating underlying etiology. Furthermore, DTC platforms may overlook opportunities to counsel patients on broader health risks. Evidence suggests that sub-fertile men face elevated risks of testicular cancer, as well as diabetes and ischemic heart disease.^{48,49} A clinical fertility evaluation therefore presents a valuable opportunity to engage men about their broader health needs, an opportunity that is often neglected by DTC platforms. By bypassing the traditional relationship patients have with their provider, DTC platforms may inadvertently limit patients' access to guidance they would otherwise receive beyond their reproductive needs.

Provider knowledge and background

Concerns regarding DTC platforms extend to variability in provider credentials, clinical oversight, and prescribing patterns. In a secret shopper evaluation of seven U.S.-based DTC platforms providing testosterone therapy, initial consultations were conducted by nurse practitioners, physician assistants, or in one case, a non-medically licensed individual. Despite the secret shopper presenting with normal total and free testosterone levels and an explicit desire for future fertility, six of seven platforms offered testosterone therapy, and only one inquired about recent cardiovascular events or fertility intentions. Most platforms diverged from guideline-recommended diagnostic thresholds as per the AUA, with zero of the seven platforms requiring two separate morning testosterone levels.⁴¹ Additionally, AUA guidelines emphasize several key considerations: ensuring concordance between patient symptoms and laboratory results, confirming that patients are not trying to conceive, measuring PSA levels in men over 40 to rule out prostate cancer, and counseling patients on the risk of polycythemia. These concerns are not limited to testosterone therapy. An evaluation of DTC platforms treating ED similarly found frequent nonadherence to AUA guidelines, including limited assessment for concurrent conditions such as varicocele.³⁹ Furthermore, in accordance with AUA guidelines, patients with ED warrant cardiovascular risk stratification, assessment for metabolic disease, and psychological factors. Counseling should be provided regarding comorbidities that may negatively impact erectile function, and that may be improved through lifestyle changes.^{39,42} For male patients with infertility, it remains uncertain how consistently DTC platforms adhere to AUA guidelines, which emphasize a comprehensive reproductive and

medical history, semen analysis, hormonal evaluation when indicated, genetic testing in appropriate clinical contexts, and counseling on lifestyle factors and the avoidance of exogenous testosterone use.⁴⁴ Collectively, these findings raise questions regarding consistency in the quality of care provided across DTC platforms.

Importantly, deviation from evidence-based practice may not be solely attributable to lack of provider knowledge. Prescribing patterns may also be influenced by structural or financial incentives inherent to commercial DTC platforms. Compared to traditional practice settings, DTC platforms may operate under business frameworks that emphasize customer acquisition and retention by providing pharmacological interventions to their customers. These financial incentives may also extend to the research evaluating these platforms, providing inherently biased studies in the space. A scoping review by Spithoff et al. found that 31% of studies examining DTC virtual care in the past decade reported financial ties to the industry.⁵⁰ Greater transparency regarding provider oversight and financial incentive structures may help establish consistent adherence to governing guidelines for many men's health pathologies treated by these platforms.

Cost concerns

Although DTC platforms have improved access to men's health care, they have also been associated with higher treatment costs. The combination of a physician visit and pharmacy prescription using platforms such as GoodRx for a 90-dose supply of sildenafil and tadalafil was consistently found to be less expensive than similar offerings from DTC platforms.⁵¹ In addition, DTC platforms have demonstrated significant variance in pricing, with costs of sildenafil varying from \$0.50 to \$35 per pill.⁴⁰ In addition to increased medication costs, platforms such as Hims and Ro also include a monthly subscription cost estimated to be as high as \$50 per month.⁵² These expenditures are not covered by insurance, leaving patients responsible for full treatment costs. These cost differences can be substantial, particularly for testosterone replacement therapy, which may otherwise be covered by major medical insurance.⁵³ Despite the additional costs, one survey found that men under the age of 40 prioritized their privacy over cost in choosing care for treatment of their ED.²¹ While cost is a major consideration, the DTC promise of cost transparency, treatment privacy and anonymity for many men justifies the increased cost.

Lack of care integration

The current healthcare landscape is highly fragmented, with many patients receiving care from multiple physicians, health systems, and offices that utilize disparate electronic medical records (EMRs). DTC platforms introduce another layer of fragmentation by operating outside traditional health networks and EMRs. As a result, unless directly screened, care received through DTC platforms may remain invisible to a patient's other healthcare providers. Given the current limited screening conducted by DTC platforms prior to treatment initiation, this leaves patients vulnerable to unintended harm from unknown or duplicated medical interventions that can result in adverse medication interactions or even gaps in necessary care.⁴¹ Physicians and other healthcare providers can help mitigate this risk by routinely incorporating questions about DTC platform use into standard questionnaires for patients, or by addressing DTC care during clinical encounters.

Data security

The average cost of a data breach in the healthcare industry reached \$7.42 million in 2024.⁵⁴ The growing utilization of artificial intelligence (AI) introduces new organizational vulnerabilities, as more than one in ten organizations reported a security breach on an AI interface, and almost 97% of these organizations noted they lacked proper AI access controls.⁵⁴ Furthermore, unauthorized access and internal disclosure have increased in recent years within the healthcare industry. Sensitive patient data on DTC platforms is vulnerable to multiple avenues of compromise such as malware, ransomware, and phishing attacks, all leaving patients at risk to have vulnerable data shared unwillingly.⁵⁵ Given the large volumes of protected health information collected by DTC men's health platforms and the evolving nature of these technologies, DTC platforms may amplify the threat of privacy breaches, particularly given limited regulatory oversight.

Beyond cybersecurity risks, broader commercial data practices raise additional concern regarding how outside industry can monitor and influence physician behaviors. Research examining the implications of the Physician Payments Sunshine Act suggests that while transparency initiatives were designed to initially unveil financial relationships between physicians and industry, they may also enable new forms of commercial surveillance. For example, an analysis by Mulinari and Ozieranski highlights how publicly available payment data is incorporated into large commercial datasets and leveraged by

pharmaceutical companies to identify and strategically target physicians for marketing activities, ultimately aiming to influence prescribing behavior.⁵⁶ These findings highlight how large-scale healthcare datasets can be exploited to shape clinical decision-making through marketing tactics. Similar patterns may emerge within DTC healthcare platforms, where large volumes of patient and provider data are now collected and analyzed within commercially driven care models.

Medical-legal considerations

DTC platforms present ethical and legal questions related to patient informed consent. Given the variable levels of patient encounters with providers on these platforms, traditional informed consent frameworks may be insufficient. This limitation has prompted discussion on the need to evolve the current definition of informed consent for DTC platforms, emphasizing the need for enhanced disclosure.⁵⁷ Furthermore, studies have shown that patients often overlook informed consent forms, highlighting the heightened responsibility DTC platforms have in ensuring that informed consent obtained is both meaningful and transparent.⁵⁸ Appropriate licensing and operational compliance are further legal considerations DTC platforms must make. A newly proposed rule by the Drug Enforcement Administration (DEA) on Special Registrations for Telemedicine and Limited State Telemedicine Registrations would add a regulatory step to increase accountability and ensure appropriate prescription monitoring and compliance with DEA oversight. As DTC platforms often offer access to controlled substances such as testosterone and anxiolytics, this proposed DEA framework would require prescribers to obtain a special Prescribing Registration.⁵⁹ The future accessibility of these medications remains uncertain, as the telemedicine prescribing flexibility introduced through the COVID-19 policy has been maintained only through a series of temporary, year-to-year extensions.⁶⁰

Limitations

This study is limited by its narrative design and lack of formal evidence stratification, as it was intended to provide a broad overview of the current DTC platform landscape in men’s health. Future systematic reviews with rigorous critical appraisal of evidence quality are needed to more comprehensively characterize this space.

Recommendations for Providers

With the high utilization of DTC platforms by patients, clinicians should seek to understand the benefits, pitfalls, and opportunities associated with DTC care. Through this understanding, providers can help educate patients on potential advantages and important limitations offered by these platforms. For patients who engage with these platforms, clinicians can serve as a safeguard by ensuring that care remains guideline-based and complete, helping educate patients on risks and benefits, and addressing gaps when present. Providers should routinely screen men, particularly younger men, presenting with these conditions for prior DTC platform use. Table 1 provides a practical screening checklist that clinicians may use for standardizing this assessment. Continued study and critical evaluation of DTC platforms is essential to better define their role within the current healthcare landscape.

These platforms are an established presence in men’s health, and their continued growth necessitates thoughtful engagement from physicians. These services should not replace or be viewed as equivalent to traditional care models. Instead, the high demand for these platforms underscores persistent barriers within the healthcare system that warrant attention and function as an impetus for change. By improving access, strengthening patient education, and expanding team-based care models, clinicians can address many of the factors that drive patients towards DTC

TABLE 1. Checklist for screening DTC platform use

Item no.	Screening question
1	Have you ever received care from a DTC company? If so, what companies?
2	What condition did they treat for you?
3	What labs have they ordered for you?
4	What medications and treatments have they prescribed you, and for how long?
5	What has the cost of these treatments been?
6	Have you been assessed by any other providers? Do you have a primary care physician?

Note. DTC, direct-to-consumer.

platforms. Providers may also consider adopting elements of the DTC model proactively, particularly for patients who may be hesitant to seek care. A hybrid workflow leveraging telemedicine to initiate care can address patient concerns around privacy, cost, and convenience. In this model, telemedicine may serve as a bridge to longitudinal, guideline-concordant care for patients who may not have otherwise received care. Telemedicine functions not as a replacement for in-person evaluation, but as a point of entry to guide patients towards comprehensive follow-up.

Conclusions

DTC platforms continue to expand within the men's health space, offering treatment for conditions such as male infertility, testosterone deficiency, and erectile dysfunction. These platforms address a demonstrated patient demand for privacy, accessibility, and convenience while also helping destigmatize sensitive men's health conditions. However, while DTC platforms can expedite care, they are accompanied by important limitations, including variability in quality of care, inconsistent adherence to guideline-directed management, and increased patient costs. As DTC platforms are likely to remain part of the health-care landscape, providers must critically evaluate and understand their benefits and limitations. By acknowledging and engaging with DTC platforms, urologists and other providers can counsel patients on potential gaps in care to help ensure treatment decisions are informed, comprehensive, and safe, while also mitigating safety risks stemming from fragmented care.

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Availability of Data and Materials

Not applicable.

Ethics Approval

Not applicable.

Conflicts of Interest

Dr. Joshua A. Halpern has an affiliation with Posterity Health, a men's health organization that operates within the telehealth space. All other authors declare no conflicts of interest.

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