

DEFINING THE DIGITAL DIVIDE

Health Equity Implications



Bassett Healthcare Network
Research Institute

Overview

Telehealth use has increased since the beginning of the COVID-19 pandemic both in terms of remote office visits by phone or video and use of Bassett's patient portal. However, there is concern that certain populations may be unable or unwilling to access these services. While broadband access remains a known barrier, other important factors influence a person's ability or preference to engage with telehealth. Bassett Research Institute conducted a mixed methods study involving the collection and analysis of data through a survey of a representative sample of Bassett patients; interviews of patients, health care providers and telehealth staff; and data abstraction from the electronic health record to learn more about these factors and how they impact access to care within the Bassett Healthcare Network.

Who Uses Telehealth?

RESULTS FROM PATIENT SURVEY

- As of August 2021, 41% of survey respondents had had a telehealth visit with a health care provider by phone or video.
- Patients who were older (65+), had less education, or were not married or partnered were less likely to have used video-based telehealth.
- These differences disappeared when asked about experience with telehealth by phone.
- When asked what type of visit they would prefer (for a visit that could be done by telehealth), the vast majority of respondents (73.6%) said they would prefer seeing their clinician in-person.
- The most commonly reported benefits of telehealth were not having to leave home, not having to drive, and not having to wait for an appointment.
- The most commonly reported barriers to telehealth were the fact that the visit was not in-person, not wanting to share information over the internet, and not wanting to use the technology.

Patient And Provider Perspectives

RESULTS FROM PATIENT AND PROVIDER INTERVIEWS

- Both health care providers and patients voiced uncertainty about whether optimal care could be delivered through telehealth.
- Following the pandemic lockdown, the decision to go back to in-person appointments was driven by both patients and providers.
- Older patients are more resistant to using telehealth, and require a trusting relationship, exposure to telehealth education, and one-on-one education regarding its applicability.
- The inconsistent use of telehealth language and processes across the Network leads to confusion and uncertainty for clinical staff and patients.

Patient Portal Use

RESULTS FROM ANALYSIS OF EPIC DATA

The overall proportion of active patients who had logged onto the patient portal at least once in the previous year increased from 34% in January 2019 to 64% in January 2022.

Telehealth Visits And Access To Care

RESULTS FROM ANALYSIS OF EPIC DATA

An analysis of EPIC data within two service lines (endocrinology and outpatient behavioral health) between August 2021 and January 2022 was conducted to examine the impact of telehealth on time to appointment and no-show rates. Visits in this analysis were limited to those that did not require an in-person procedure. In both services lines, time to appointment was significantly shorter for telehealth visits and the no-show rate was significantly lower for telehealth visits.

Behavioral Health:

Video-only visits had the shortest median wait time (26 days) compared to telephone visits (27 days) and in-person visits (28 days). This pattern may be driven by patients scheduling for ongoing appointments rather than first available. No-show rates were higher for in-person visits (14.5%) than for telehealth visits (10.9%).

Endocrinology:

Video-only visits from home had the shortest median wait time (43 days) and in-person visits had the longest median wait time (76 days). The median wait time for telehealth visits by phone was 63 days. Note that type of appointment being scheduled could depend on the nature of the visit (e.g., specialist versus diabetes nurse educator). No-show rates were higher for in-person visits (12.8%) than for telehealth visits (6.5%). The no-show rate for visits of any type made by patients who were active patient portal users were nearly half that for not active portal users/non-users (9.8% vs 18.0%).

Implications For Health Equity

OUR FINDINGS PRESENT A COMPLEX PICTURE

- Not everyone uses telehealth and, all things being equal, not everyone prefers telehealth.
- The fact that not everyone is willing or able to use telehealth is not necessarily an equity concern unless it impacts access to care.
- Our research shows that access to care is impacted in that there is a lower no-show rate and shorter time to appointment for telehealth visits versus in person visits.
- The increase in telehealth use and patient portal use among those who are willing and able to use these services will theoretically open up in-person appointment availability for those that require or prefer in-person appointments.

“ We want to have
30%
of our visits be
telemedicine. ...The point is
virtual healthcare offsets, it
takes away the low acuity
things, so that high acuity
things can be seen
in person. ”

