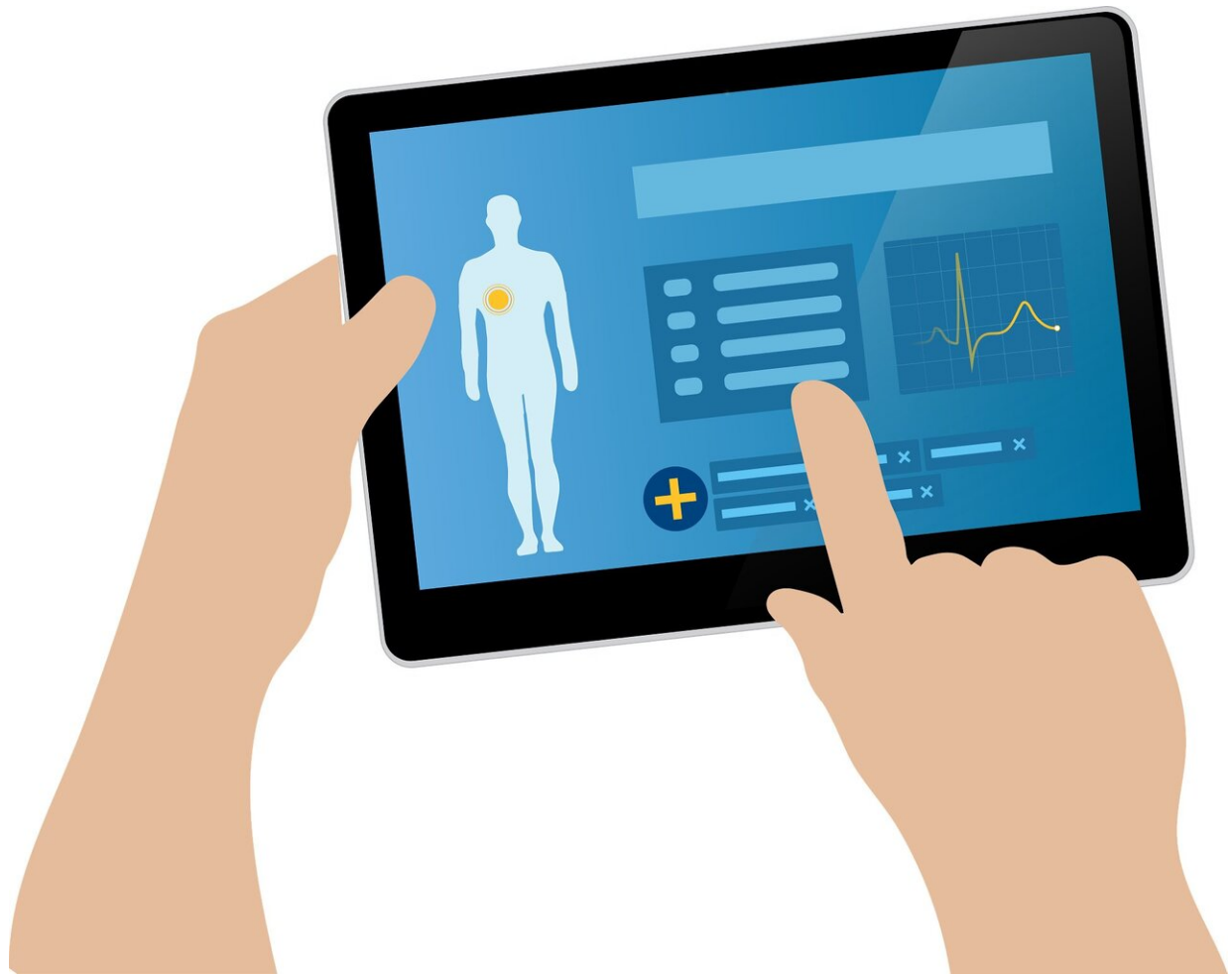


Telemedicine use disparity during COVID-19 among head and neck cancer patients

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The use of telemedicine services has shown to be exceptionally effective in meeting the health care needs of patients throughout the COVID-19 pandemic. But an analysis by Henry Ford Health System found that socioeconomic factors may affect certain patient populations on how they use the technology for accessing care.

In a Research Letter published in the *Journal of the American Medical Association's Otolaryngology—Head and Neck Surgery*, Henry Ford researchers report that head and neck cancer patients who were [low-income](#), on Medicaid or uninsured were more likely to complete a virtual visit by telephone rather than by video. They also said women with a lower median household income were less likely to complete a telemedicine visit than men in the same income bracket.

Researchers said further study was needed to explain patients' reticence with completing a video visit, which provides a more comprehensive health care assessment than a phone call with their doctor. "While virtual care may provide a promising platform for expanded access to care in some patients, it must be implemented in a way that it doesn't create barriers to already disadvantaged patient populations," said Samantha Tam, M.D., a study co-author and otolaryngologist in Henry Ford's Department of Otolaryngology—Head and Neck Surgery.

The pandemic-driven need for accessing care using telemedicine services prompted researchers to evaluate whether [socioeconomic factors](#) impacted a patient's ability to receive virtual care. In their [retrospective study](#), they analyzed census-based socioeconomic data of head and neck cancer patients who had a telemedicine visit between March 17 and April 24, 2020 and compared the results to a similar cohort from the same time frame in 2019.

Data included patients' age, sex, race, insurance status, household income, education, marital and employment status, and English-speaking

households. Patient visits were categorized by virtual visits using live audio and video, visits completed by telephone only, in-person visits and no-show or canceled visits.

Data from 401 patient encounters during the 2020 study period was collected. From those numbers, 346 encounters (86.3%) were completed by 234 patients. In-person visits consisted of 87 patients (25.1%), 170 (49.1%) were virtual visits and 89 (23.6%) were telephone visits. In comparison, the 2019 study found 551 of 582 visits (94.7%) were completed by 394 patients, with no telemedicine visits completed that year.

"We know that access to smartphones and video technology is not universal but almost everyone has access to a telephone," said Vivian Wu, M.D., a study co-author and otolaryngologist. "As virtual care expands during and after this pandemic, we must keep in mind that a phone call remains an important communication method for patients to talk to their doctor."

Since the retrospective study was observation-based, the research team did not evaluate whether patients had access to mobile "smart" phones and internet connectivity.

More information: Samantha Tam et al, Disparities in the Uptake of Telemedicine During the COVID-19 Surge in a Multidisciplinary Head and Neck Cancer Population by Patient Demographic Characteristics and Socioeconomic Status, *JAMA Otolaryngology–Head & Neck Surgery* (2020). [DOI: 10.1001/jamaoto.2020.3052](https://doi.org/10.1001/jamaoto.2020.3052)

Provided by Henry Ford Health System

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