

Disparities persisted as orthopaedic visits shifted to telemedicine

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Like other medical specialties at the start of the COVID-19 pandemic, orthopedic surgery rapidly pivoted from in-person visits to remote appointments via telemedicine. Analysis of that initial experience finds

that some groups of patients faced persistent or worsening disparities as the shift to telemedicine occurred, reports *Clinical Orthopaedics and Related Research (CORR)*, a publication of The Association of Bone and Joint Surgeons. The journal is published in the Lippincott portfolio by Wolters Kluwer.

"We found concerning disparities in access to orthopedic care via telemedicine for patients, and we observed that those disparities were associated with race or ethnicity, primary language, and insurance status," according to the new report, led by Andrew J. Schoenfeld, MD, MSc, of Harvard Medical School.

Can telemedicine 'mitigate rather than exacerbate healthcare disparities'?

Telemedicine has the potential to improve [healthcare access](#) for hard-to-reach populations. But there are concerns that growing reliance on telemedicine might perpetuate or even worsen existing healthcare disparities—for example, adding new barriers for non-English speakers or people without computers and high-speed internet.

Dr. Schoenfeld's team studied these disparities by evaluating nearly 2,000 patients' experiences getting orthopedic care via telemedicine at two Boston medical centers early in the pandemic, from March to May 2020, and comparing them to the experience of nearly 10,000 orthopedic patients who had in-person visits during those same months in the year prior to COVID-19.

The telemedicine patients were slightly younger than those making in-person visits the previous year (average 56 versus 59 years). In analyses adjusting for this and other differences, disparities remained significant in three areas:

- *Race/ethnicity.* The odds that a Hispanic patient would be seen by telemedicine during the pandemic was 41 percent lower than that of a white patient, and the odds that an Asian patient would be seen via telemedicine was 27 percent lower than those of a white patient.
- *Language.* Patients whose primary language was not English or Spanish had one-third the odds of making a telemedicine visit than did an English-language speaker. There was no difference in the rate of telemedicine visits for Spanish versus English speakers.
- *Insurance.* The odds of a patient with Medicaid coverage receiving a telemedicine evaluation during the early months of the pandemic were 13 percent lower than that of a patient with commercial insurance.

Dr. Schoenfeld's team proposed measures to help ensure access to telemedicine systems: targeting minority and [low-income communities](#), addressing the needs of patients who lack computer access, ensuring that telemedicine is eligible for reimbursement, and providing expanded hours and interpreter services for telemedicine visits.

In an accompanying 'Take 5' interview, Dr. Schoenfeld and *CORR* Editor-in-Chief Seth S. Leopold, MD agree that telemedicine will remain part of the healthcare landscape long after the pandemic is over. "I would hope that we can find ways to use new tools to mitigate, rather than exacerbate, healthcare disparities," Dr. Leopold writes.

When it comes to developing and ensuring equitable access to telemedicine systems, "I think the onus is on the healthcare organizations, not civic government," says Dr. Schoenfeld. He adds: "The funding, advertising, and infrastructure to support this would ideally come from the [healthcare](#) organization itself, who could partner with leaders, grassroots organizations, and community stakeholders to

ensure members of the community are aware of [telemedicine](#) and have the ability to access the technology."

More information: Grace Xiong et al. Telemedicine Use in Orthopaedic Surgery Varies by Race, Ethnicity, First Language, and Insurance Status, *Clinical Orthopaedics & Related Research* (2021). [DOI: 10.1097/CORR.0000000000001775](#)

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