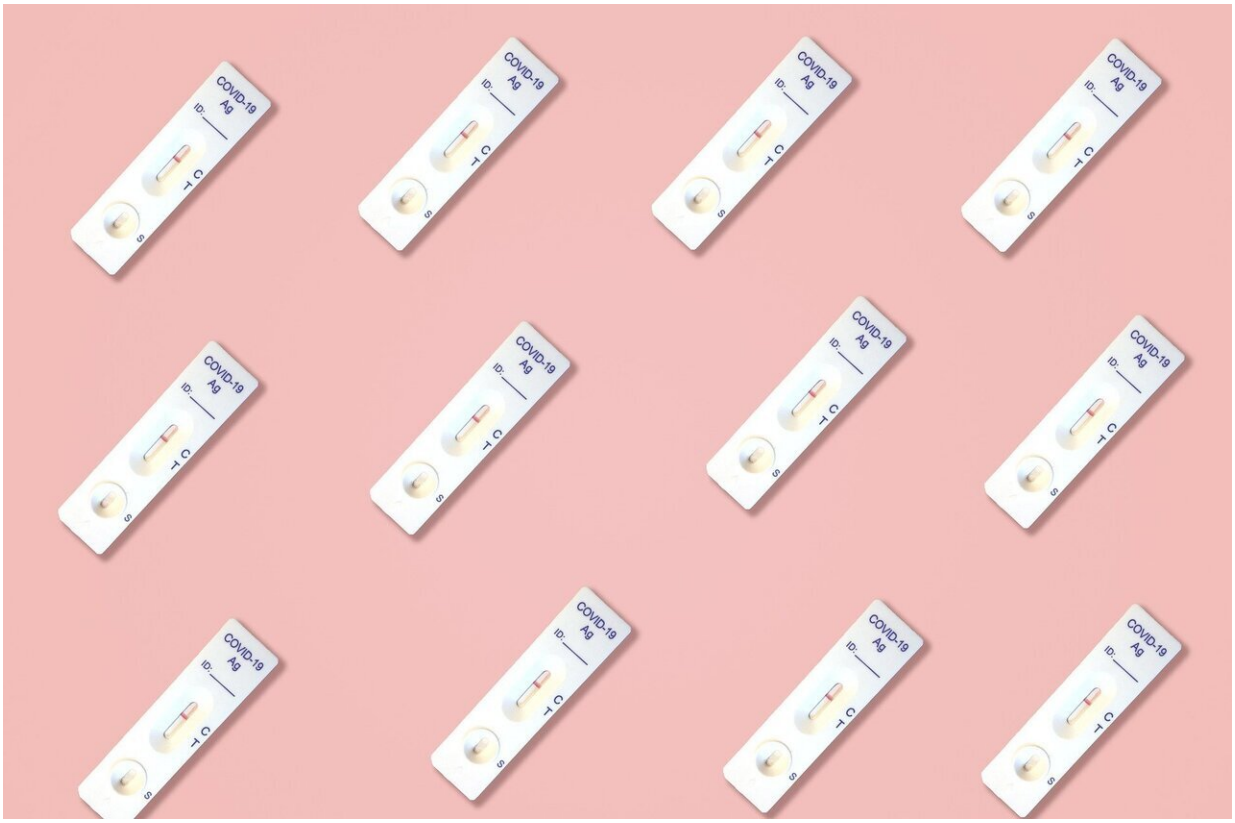
Study: Racial/ethnic and language inequities in ways patients obtain COVID-19 testing

July 13 2021



Credit: Pixabay/CC0 Public Domain

The COVID-19 pandemic caused an unprecedented disruption to health care delivery, with resources shifted toward telehealth services and mass viral testing. While early studies in the pandemic highlighted differences

in health care utilization among patients with commercial insurance, data from publicly insured or uninsured "safety-net" patient populations continue to emerge.

A recent study from researchers at the University of Minnesota and Hennepin Healthcare Research Institute (HHRI) is among the first to examine how different socio-demographic groups used telehealth, outpatient (i.e., clinic), emergency department and inpatient (i.e., hospital) care to test for SARS-CoV-2, the virus that causes COVID-19. Their findings were recently published in *JAMA Network Open*.

The study was led by U of M School of Public Health graduate student Rohan Khazanchi. Along with others from Hennepin Healthcare and HHRI, researchers included Medical School Assistant Professor Tyler Winkelman, who is also with the U of M Robina Institute of Criminal Law and Criminal Justice, and HHRI Data Scientist Peter Bodurtha. The team analyzed anonymous electronic health record data for people with symptoms of viral illness who received SARS-CoV-2 testing at Hennepin Healthcare, a large safety-net health system in Minneapolis.

The study found that:

- Patients who initiated testing via telehealth were disproportionately white and English-speaking, whereas patients who initiated testing through the emergency department were disproportionately Black, Native American, non-English-speaking and had one or more pre-existing conditions.
- Testing initiated through telehealth and outpatient encounters was associated with lower rates of subsequent inpatient and intensive care unit care than testing initiated in more care-intensive settings, such as emergency departments.

"Inequities by race, ethnicity and language in where people seek SARS-

CoV-2 testing may point to several structural root causes, including barriers to timely testing access, delays in care seeking, difficulty accessing telehealth services, and higher rates of pre-existing conditions among patients who require higher levels of care," said Khazanchi.

The researchers also added that the inequities could be partially explained by clinician and clinic variations in telehealth use.

"Without structural reforms, rapid implementation of telehealth and other new services may exacerbate inequities in access to care, particularly if these investments come at the expense of other care sites," said Bodurtha.

The authors said that as investigators explore the effects of the COVID-19 pandemic on health use and patient outcomes, future research should continue to examine how and why the health care use of safety-net patients differs from commercially insured individuals to inform equity-oriented interventions.

More information: Rohan Khazanchi et al, Patient Characteristics and Subsequent Health Care Use by Location of SARS-CoV-2 Testing Initiation in a Safety-Net Health System, *JAMA Network Open* (2021). DOI: 10.1001/jamanetworkopen.2021.12857

Provided by University of Minnesota