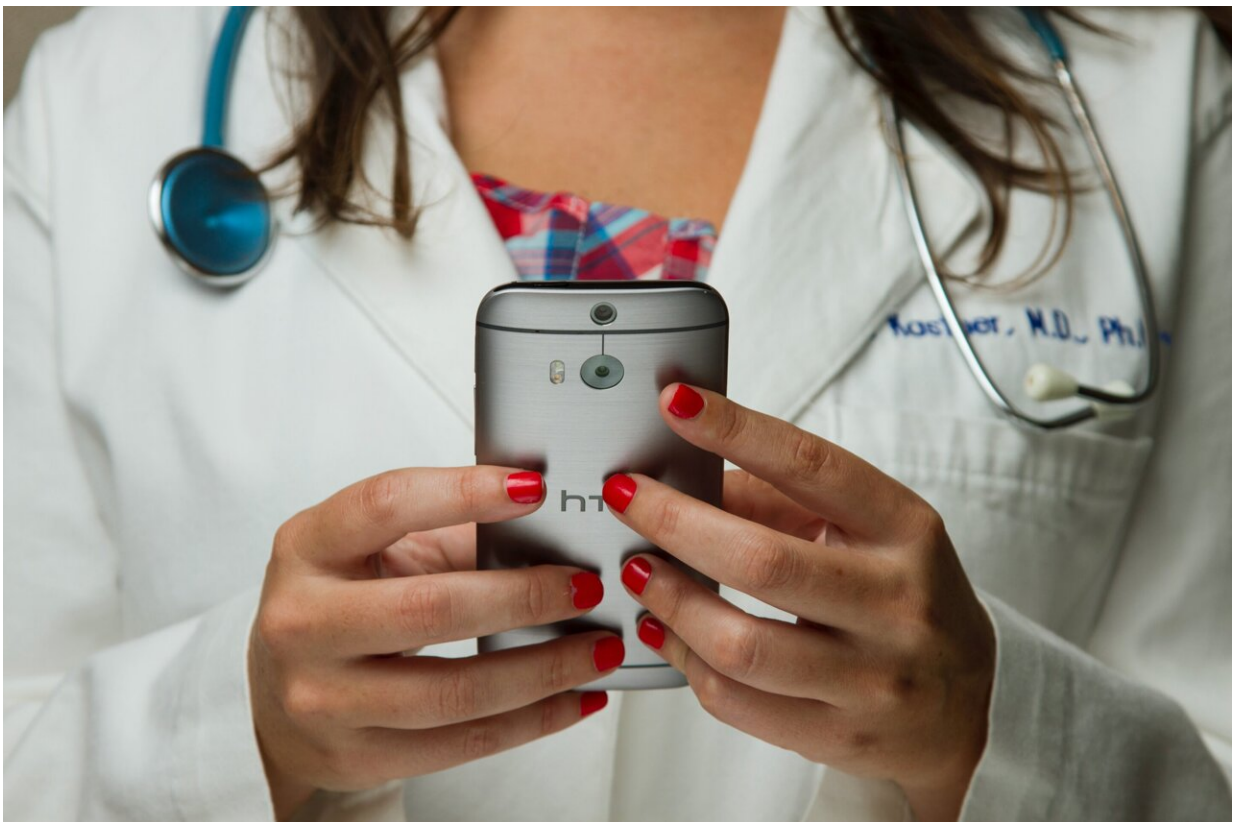


# Race, age, sex and language affected telemedicine use by rheumatology clinic patients during COVID-19 pandemic

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New research presented this week at ACR Convergence, the American College of Rheumatology's annual meeting, shows a significant lack of

fairness among telemedicine and electronic patient portals used by rheumatology clinic patients based on their race, age, sex and English language proficiency.

Telemedicine is the practice of medicine at a physical distance using various forms of communication technology. While the doctor, nurse or other healthcare professional works at one site, the patient receives care at another site. Electronic patient portals are secure messaging systems that link patients at home with their doctor's office. Researchers studied potential socioeconomic bias in telemedicine or electronic patient portals use in one urban county hospital's rheumatology clinic during the COVID-19 pandemic to find out more about how patients in different groups are utilizing these health care technology advances.

"Disparities in telehealth were well documented prior the COVID-19 pandemic, with lower rates of access or utilization in patients who are Black, Latinx, older age, poor or non-English speaking," says Jenna L. Thomason, MD, MPH, a rheumatologist at University of Washington Medicine and the study's co-author. "Similar disparities have been described for patient portal use. Given the unprecedented telehealth expansion during the COVID-19 pandemic, we have been concerned that these disparities have widened and, perhaps, new disparities have been created."

Researchers collected data from electronic health records and measured demographic features of patients, including age, sex, race, ethnicity, language, distance from the hospital, and insurance payor, for all patients that completed rheumatology clinic visits between March 1, 2019 and February 28, 2020 (pre-pandemic period) and between April 1, 2020 and March 31, 2021 (pandemic period). The primary outcome was completion of one or more telemedicine visit(s) during the pandemic, and the secondary outcome was any use of the clinic's EPP from 2013, when it was launched, to April 1, 2021.

There 1,503 patients who completed 3,837 in-person clinic visits in the pre-pandemic period. During the pandemic, there were 1,442 patients who completed 3,406 visits, including 40.6% in person, 20.4% via telemedicine and 29.1% by telephone. There were 846 patients who had visits during both periods.

During the pandemic, factors associated with telemedicine use were younger age, living farther from the hospital, female sex, English language preference, white race identity and having commercial insurance. Researchers found that patients who identified as white were more than two times as likely as Black or American Indian/Alaska Native patients to use telemedicine. Patients who preferred to speak English were more than three times as likely to use [telemedicine](#) than those who preferred to speak Spanish or other non-English languages.

During the pandemic, electronic patient portal use was associated with patients being younger, female, non-Hispanic, white, English language-preferred and having commercial insurance. White patients were more than three times as likely to use the clinic's patient portal than Black or American Indian/Alaska Native patients, and English-preferring patients were more than 14 times as likely as Spanish-preferring patients, and more than four times as likely as other non-English preferring patients to use the clinic's patient portal.

It is critical to address language and socioeconomic barriers to electronic health care services to ensure equitable access to vital rheumatology care in the U.S., the study's findings suggest.

"Given the advantages of telehealth for patients and for healthcare systems, as well as the likelihood that telehealth will become an increasingly important mode of healthcare delivery, more [rheumatology](#)-focused research on telehealth disparities is needed, including studies designed to identify proximate causes of these disparities," says Dr.

Thomason. "This type of research is critical for shaping interventions aimed at correcting inequalities. If perceptions about utility and privacy are barriers to telehealth use among certain racial and ethnic groups, then targeted educational outreach could be helpful."

**More information:** Jenna Thomason et al, Socioeconomic Characteristics Associated with Electronic Health Care Utilization in an Urban Rheumatology Clinic During the COVID-19 Pandemic [abstract]. Arthritis Rheumatology (2021). Available at [acrabstracts.org/abstract/soci... e-covid-19-pandemic/](https://acrabstracts.org/abstract/soci...-e-covid-19-pandemic/)

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