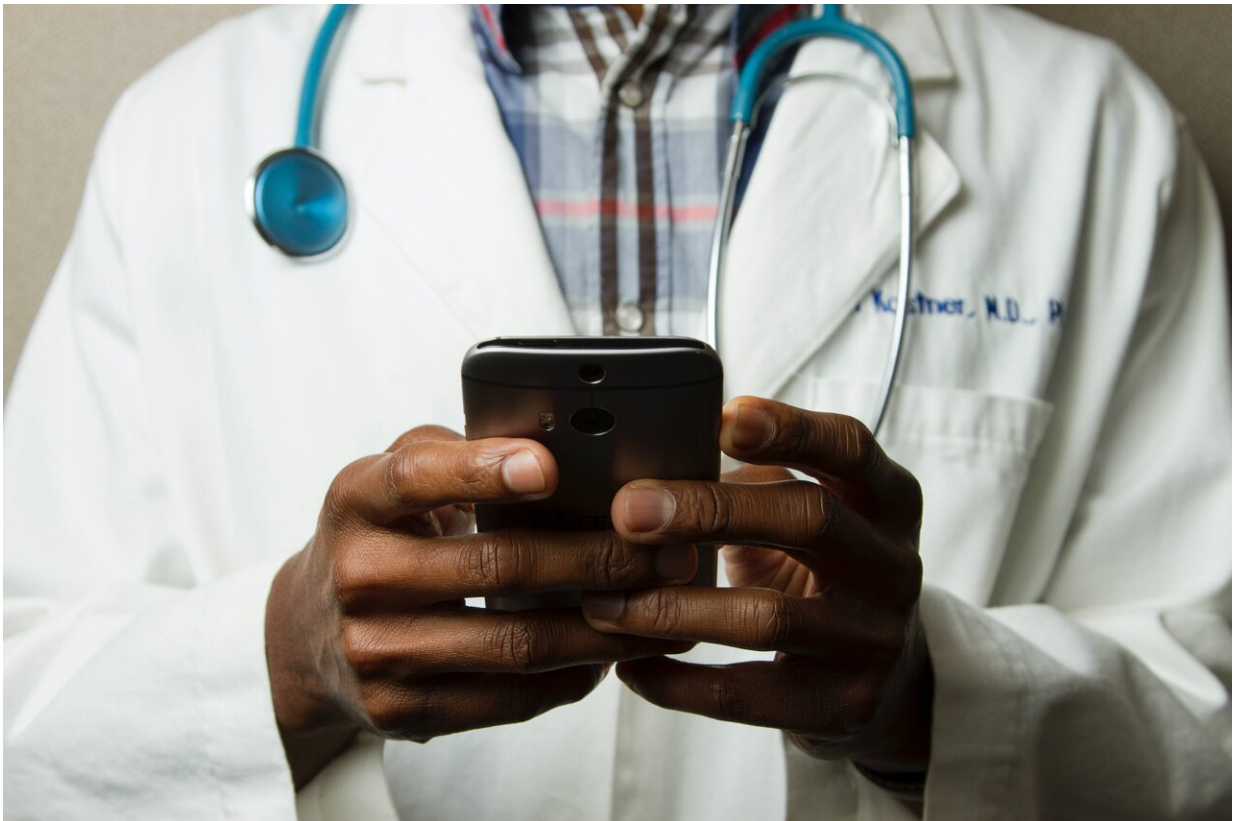


Telemedicine during COVID-19: Video vs. phone visits and the digital divide

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Credit: Unsplash/CC0 Public Domain

Telemedicine visits accounted for more than 60 percent of patient care at New York community health centers during the peak of the COVID-19 pandemic in spring 2020, finds a new study by researchers at

NYU School of Global Public Health.

While video visits have their advantages, telephone visits accounted for a larger proportion of telemedicine care and are critical for providing access and addressing the "digital divide," according to the study published in the *Journal of the American Board of Family Medicine*.

"Our study suggests that both video and phone visits will continue to shape how health care is delivered in a post-pandemic world," said Ji Eun Chang, assistant professor of public health policy and management at NYU School of Global Public Health and the lead author of the study.

The COVID-19 pandemic has catalyzed profound transformations across the healthcare delivery system, including an abrupt shift toward telemedicine. While a significant amount of research has centered on the rapid adoption of telemedicine in the early weeks of the COVID-19 pandemic, less is known about the feasibility, use, and benefits of phone vs. video visits in the months following the widespread transition to remote care, particularly for "safety net" providers who care for vulnerable populations.

Chang and her colleagues tracked the use of telephone, video, and in-person visits across 36 New York community health centers from February to November 2020 and interviewed 25 primary care, behavioral health, and pediatric providers from eight community health centers about their experience with telemedicine during the pandemic.

Both types of visits increased significantly during the first wave of COVID-19 across New York State. At its peak (April 11- May 2, 2020), more than 60 percent of visits were conducted via telemedicine, the majority of which were provided via telephone. Telemedicine visits tapered off by the beginning of August 2020, accounting for less than 30 percent of visits. Telephone visits accounted for a larger proportion of

telemedicine visits than did video visits throughout the period studied, but the gap narrowed over time.

The [health care providers](#) interviewed perceived telemedicine visits to be of similar quality to in-person visits and helpful in reducing no-shows. They also reported that telemedicine improved access to care for patients by providing flexibility; decreasing barriers such as transportation, childcare, and work-related time constraints; and reducing stigma surrounding mental health services.

Video telemedicine visits are often considered the "gold standard" alternative to face-to-face care because of the ability to see patients, which can provide useful clinical information as well as build rapport and improve patient-provider communication. The providers in the study expressed a strong preference for video visits, but acknowledged that they may be exacerbating a "digital divide" between patient populations with more or less access to technology. Specifically, poor Wi-Fi connectivity, a lack of devices with video capabilities, and limited data plans were cited as constraints to successful video visits.

"When it comes to equity in health care access, telemedicine is a double-edged sword," said Chang.

Telephone visits had unique benefits, including greater privacy, feasibility, and ease of use. Providers emphasized the need for both audio and video visits to remain reimbursable in order for providers to be able to provide ongoing support and care to patients.

"While the providers generally preferred video, they relied heavily on telephone as a lifeline," added Chang.

The study participants also reported limitations of telemedicine, including difficulty conducting physical exams and inability to provide

vaccines or other in-person care. They suggested ways to improve remote care, including making platforms more user-friendly for patients with low technology literacy, integrating them with electronic [health](#) records, and providing financial assistance for telemedicine, including funding for platforms for providers, home monitoring equipment such as blood pressure cuffs for patients, and training.

"Despite challenges, providers had positive experiences delivering care remotely using both telephone and [video](#) during the COVID-19 pandemic and believe both are critical for enabling access to care in the safety net," said Chang. "The growth of [telemedicine](#) during the pandemic signifies a tectonic shift in [health care](#) delivery that is unlikely to be reversed."

More information: Ji Eun Chang et al, Telephone vs. Video Visits During COVID-19: Safety-Net Provider Perspectives, *The Journal of the American Board of Family Medicine* (2021). [DOI: 10.3122/jabfm.2021.06.210186](#)

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