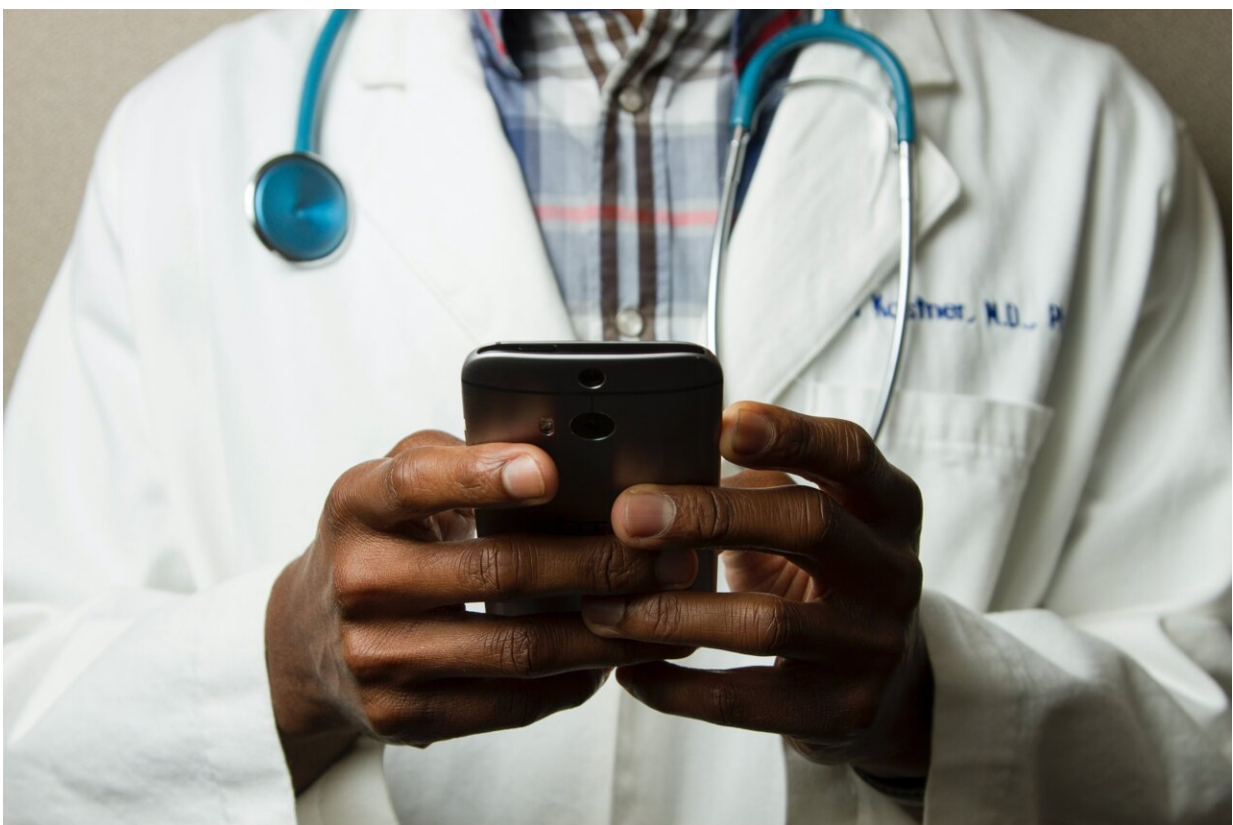


# Racial inequity in follow-up appointment attendance after hospitalization disappears as telemedicine adopted

January 19 2022

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Telemedicine appears to be a key to reducing racial inequities in follow-up care after hospitalization, according to numbers collected amid the

pandemic by researchers at the Perelman School of Medicine at the University of Pennsylvania. As 2020 progressed and telemedicine became one of the main modes for primary care visits, attendance or "show" rates at follow-up appointments after hospitalization climbed among Black patients from 52 to 70 percent. This was comparable to white patients, whose visit completion rates at primary care follow-up appointments were 67 percent by the middle of 2020. The research was published in the *Journal of General Internal Medicine*.

"While there remain important open questions about the relative quality of different kinds of telemedicine appointments, our findings show reduced time to follow-up and improved appointment show rates, which is certainly encouraging," said the study's lead author, Eric Bressman, MD, a fellow in the National Clinician Scholars Program and an internist at Penn. "But the sharp narrowing of racial disparities in visit completion rates was a surprise, in part because there is so much mixed information on telemedicine's impact on disparities in access to care."

The sudden onset of COVID-19 resulted in a telemedicine boom as health care offices sought to slow the virus by limiting in-person visits. Amid this, Bressman and his fellow researchers—including the study's senior author, Srinath Adusumalli, MD, an assistant professor of Clinical Medicine in Cardiology and assistant chief medical information officer of Connected Health Strategy and Applications—looked at whether telemedicine improved access in the critical recovery period following a hospitalization.

Data from five Penn Medicine hospitals on post-hospitalization primary care follow-up appointments from 2019 through 2021 was pulled for the study.

Overall, post-discharge primary care visit completion rates climbed from 62 to 72 percent from January to June 2020. They remained significantly

high for the rest of the year. But the greatest boost appeared to come from Black patients increasing their visit completion rate from 52 to 70 percent. For white patients, by contrast, there was little change, from 68 percent in January 2020 to 67 percent in June 2020.

The boost the researchers documented effectively eliminated the historical racial gap in show rates to follow-up appointments. Bressman expressed that more research would be needed to show exactly why the gains occurred, but he has some potential ideas.

"We do have data from here in Philadelphia that there are racial inequities in geographic access to primary care providers," Bressman said. "That is one factor among many that may influence whether a patient is able make it to a scheduled appointment. It is also one of the ways in which telemedicine might level the playing field in terms of accessing primary care services."

Regardless of race, some overall benefits were seen after June 2020. The time between discharge and the first [primary care](#) appointment follow-up fell by a day-and-a-half when the appointment was held via telemedicine. Completion rates of the follow-up appointments were 22 percent higher via telemedicine, and the rate of follow-up within a week of hospitalization was 8 percent higher, too.

Bressman and his fellow researchers believe that such stark findings warrant further exploration and availability of telemedicine. While it came about amid a crisis, incorporating it into regular, day-to-day operations appears to have significant value.

"While there are evolving issues around quality, payment, and regulatory policy, we shouldn't lose sight of the fact that [telemedicine](#) was and can continue to be a vital access point for many people," Bressman said. "If it can promote access and even ameliorate disparities, then it is worth

continuing to invest in."

**More information:** Eric Bressman et al, Association of Telemedicine with Primary Care Appointment Access After Hospital Discharge, *Journal of General Internal Medicine* (2022). [DOI: 10.1007/s11606-021-07321-3](https://doi.org/10.1007/s11606-021-07321-3)

Provided by Perelman School of Medicine at the University of Pennsylvania

Citation: Racial inequity in follow-up appointment attendance after hospitalization disappears as telemedicine adopted (2022, January 19) retrieved 23 April 2024 from <https://medicalxpress.com/news/2022-01-racial-inequity-follow-up-hospitalization-telemedicine.html>

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