

Transition to telehealth during the COVID-19 pandemic accompanied by increased use of alcohol treatment

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The transition to telehealth-based care at the onset of the COVID-19 pandemic was followed by an increase in initiation of and engagement

with specialty alcohol treatment, according to a study of health records at one large U.S. health system.

The study, published in *Alcoholism: Clinical and Experimental Research*, found the greatest increases in odds of initiating treatment were among 18- to 34-year-olds, a group that has historically been less likely to seek treatment for [alcohol problems](#). Notably, the transition to telehealth did not appear to worsen racial and [ethnic disparities](#) in treatment for alcohol problems and may have facilitated treatment for specific populations. The findings provide timely considerations for structuring post-[pandemic](#) models of health care for alcohol use problems.

The authors analyzed data from more than 50,000 health records and claims for insured [adults](#) diagnosed with alcohol use disorder at a large California health system during two periods: March to December 2019, before the onset of the COVID-19 pandemic, and March to December 2020, when care began to transition to telehealth due to the pandemic.

Utilization of alcohol treatment increased during the first nine months of the COVID-19 pandemic for all racial/ethnic and socioeconomic groups. The proportion of people initiating treatment after diagnosis of an alcohol problem rose from 24% before the pandemic to 32% after the onset of the pandemic. The rates of people engaging in two or more treatment sessions after initiating treatment also rose—from 34% before the pandemic to 41% after the pandemic began.

Telehealth appeared to provide particular benefits to specific age groups. Adults aged 18 to 34 years old without medical and psychiatric conditions had the highest increases in treatment initiation, by telehealth in particular. And adults aged 35–49 who initiated treatment via telehealth remained engaged in treatment during the pandemic at higher rates.

The transition to telehealth did not appear to worsen disparities among racial and [ethnic groups](#). Further, people living in socioeconomically disadvantaged neighborhoods had some of the greatest increases in telehealth treatment initiation during the pandemic.

The study did not examine telehealth treatment effectiveness or the reasons for increased treatment utilization, some of which may be due to other circumstances presented by the pandemic. Additionally, the study was limited to people who remained insured by the plan throughout the study.

The authors recommend further research to understand whether telehealth removed barriers to treatment and to address persistent disparities in alcohol treatment utilization by age, race, and ethnicity and for people with psychiatric and [medical conditions](#).

More information: Vanessa A. Palzes et al, COVID-19 pandemic-related changes in utilization of telehealth and treatment overall for alcohol use problems, *Alcoholism: Clinical and Experimental Research* (2022). [DOI: 10.1111/acer.14961](https://doi.org/10.1111/acer.14961)

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