
Sociodemographic Differences in Virtual Care Adoption



The COVID-19 pandemic has accelerated growth in the use of telemedicine, which helps curb the further spread of the virus. However, as shown in a new U.S. study (Gilson et al. 2020), there are differences in how patients use virtual visits (telephone vs. video) based on sociodemographic factors such as age, sex, race, digital literacy and insurance.

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The study's key findings include:

- Children, adults ≥ 65 years, men, and patients with Medicaid coverage were less likely to have virtual visits.
- Patients with Medicare coverage were more likely to have virtual visits compared to patients with commercial insurance coverage.
- Among virtual visits, children were more likely to have video visits, while adults ≥ 46 years, men, Black patients, and patients with Medicare or Medicaid coverage were less likely to have video visits.

These sociodemographic differences in virtual visits could exacerbate existing disparities in access to and quality of care, the study authors point out. In addition, with the lower effective reimbursement rates for telephone visits compared to video visits, hospitals with high proportions of older, Black, and/or Medicare/Medicaid patients may experience lower reimbursement rates because of the barriers these groups face to completing video visits.

The study, conducted by University of Chicago researchers, aimed to assess the changes in ambulatory visit volume and type (i.e. in-person vs. virtual and telephone vs. video visits) by patient sociodemographics. Volumes and patient sociodemographics (age, sex, race, insurance) for visits during the first 11 weeks following the COVID-19 national emergency declaration (15 March to 31 May 2020) were compared to visits in the corresponding weeks in 2019.

Total visit volumes in the COVID-19 study period were approximately half that in 2019 ($n=80,081$ vs. $n=155,884$ visits). Although patient sociodemographics were similar during the two periods of comparison, 60.5% ($n=48,475$) of the visits during the pandemic were virtual, compared to 0% in 2019. Of the virtual visits, 61.2% ($n=29,661$) were video-based, and 38.8% ($n=18,814$) were telephone-based.

"The sociodemographic differences in virtual (vs. in-person) visits and video (vs. telephone) visits illustrate the digital divide," the authors explain. "The patient populations with lower levels of access to internet and smart devices and lower digital literacy were the same sociodemographic groups found in our study to have a lower likelihood of completing virtual or video visits, including older adults, Black patients, and patients without commercial insurance."

Moreover, the [differential use](#) in virtual visits identified in this study is in line with prior research. For example, previous research found that women were more likely than men to stay at home due to concerns about the risk of COVID-19 infection for themselves and their family; as such, virtual visits would be a more appealing visit type for women.

To ensure equitable care delivery, the study authors have come up with five policy recommendations to inform the further development of virtual visit programmes and their reimbursement.

1. Maintain reimbursement parity between video and telephone visits

2. Pass legislation making virtual visit reimbursement permanent
3. Establish guidance to distinguish ambulatory care best suited for virtual vs. in-person care
4. Perform quality improvement initiatives to improve access to and usability of video visits in vulnerable populations
5. Advocate for policy changes and universal broadband access to close the digital divide

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