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“Interest in Telemedicine for Orthopaedic Clinic Visits in an Underserved Population”

INTRODUCTION: Since the onset of the COVID-19 pandemic, telemedicine has been an increasingly popular modality for patient encounters, and may be especially beneficial for patients living in rural areas or with difficulty accessing transportation. However, there are many perceived barriers to telemedicine for underserved patients, including lack of internet access and lack of facility with the necessary technology. The purpose of this study was to characterize our primarily Medicaid patients' interest in utilizing telemedicine visits for orthopaedic surgery clinic visits. We hypothesized that patient interest in telemedicine would be associated with higher education level, lower age, private insurance, and access to internet.

METHODS: All patients who called the multispecialty orthopaedic surgery clinic between October 2020 and February 2021 were asked to participate in the study. Those who agreed were administered a 5-question phone survey by clinic scheduling staff, which included questions on willingness to participate in a telemedicine visit, highest level of education, employment status, internet access, and social media use. Following survey completion, demographic information was collected on participants using electronic medical records. Data analysis was performed using SAS/STAT software version 9.4 (SAS Institute Inc., Cary, NC). The univariate association between willingness to use telemedicine and other variables was determined using either Chi-Square test, Exact test or logistic regression.

RESULTS: A total of 256 patients completed the survey. Patients were predominantly female (50.8%), Black (57.6%), and 50-60 years old (33.6%). The predominant insurance type was Medicaid (72.7%), followed by Medicare (9.0%) and uninsured (10.9%). 5.9% of patients had private insurance. 76.6% of all participants expressed willingness to use telemedicine for an orthopaedic clinic visit. No significant association was observed between interest in telemedicine and sex ($p=0.665$), race ($p=0.224$), education level ($p=0.200$), and insurance type ($p=0.212$). Patients who were younger ($p=0.0004$), employed ($p=0.013$), had internet access ($p<0.0001$), and used social media ($p<0.0001$) were significantly more willing to utilize telemedicine services.

CONCLUSION: The majority of our predominantly-Medicaid population expressed willingness to use telemedicine for an orthopaedic clinic visit. Contrary to our hypothesis, there was no association seen between interest in telemedicine and higher education level or private insurance. We encourage surgeons with similar patient populations to promote telemedicine as a useful tool, especially during the COVID-19 pandemic, while recognizing that patients who are older, unemployed, or without internet access may be less willing or able to utilize this modality.

