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ANALYZING THE SHIFT IN PATIENT DEMOGRAPHICS DURING A TRANSITION TO TELEHEALTH

Background: In July 2020, in response to in-person closure due to the COVID-19 pandemic, Stanford's Cardinal Free Clinics (CFCs: <http://med.stanford.edu/cfc.html>) launched a telehealth clinic. However, we were concerned that certain patient populations might be excluded from the transition to telehealth due to lack of access to technology, low literacy or language barriers, and other socioeconomic factors. We performed a retrospective analysis to identify changes in patient demographics before vs. after the shift to telehealth.

Methods: We compared sex, primary language, and age of telehealth patients seen July-November 2020 (post-COVID, N=89) with in-person patients seen July-November 2019 (pre-COVID, N=356). In addition, we summarized the top diagnosis codes and prescribed medications for each timeframe. Pearson's chi square test with Yates' continuity correction was used for all statistical comparisons.

Results: Compared to our pre-COVID cohort of patients, we saw more female patients (57% to 63%, $p=0.34$), more primarily English-speaking patients (43% to 51%, $p=0.29$), and fewer patients over the age of 65 (24% to 19%, $p=0.44$) in telehealth, though none of these differences were statistically significant at the 5% confidence level. Hypertension was the most common diagnosis in the telehealth period ($n=34$), followed by type 2 diabetes mellitus ($n=18$); previously, general lab screening ($n=145$) and hypertension ($n=64$) were most common in-person. The top two prescribed medications remain atorvastatin and amlodipine.

Conclusions: Our post-COVID telehealth patient population seems comparable to our pre-COVID in-person population. The changes in top diagnoses suggest that in-person lab services and physical exams are a notable limitation of telehealth, though telehealth could be effective for patients with stable chronic conditions. Initially, many of our telehealth patients were existing follow-up patients. Close monitoring will be required to assess whether these demographic differences are widening over time with more new patients.