

## Exploring Characteristics of Patients Using Telehealth vs In-Person Visits in General Internal Medicine Clinic

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**Introduction.** There is a lack of research regarding health disparities in the population using telehealth as we move farther from the start of the COVID-19 Pandemic. The goal of this study was to determine if patients' use of telehealth or in-person appointments differed based on payor type, age, race, ethnicity, language, sex, social determinants of health (SDOH) screening answers, PHQ-9 scores, and reason for visit.

**Methods.** A retrospective chart review was conducted using patients who completed a visit in Ambulatory Internal Medicine at The University of Kansas Health System from December 1, 2022 through January 31, 2023. Of this patient pool, four different patients were randomly selected from each provider, two patients who used telehealth and two who used in-person visits. The final sample size was 111 patient charts. The primary outcome was the use of telehealth or in-person appointments.

**Results.** Differences in visit type (telehealth or in-person) were identified for the "reason for visit" ( $P < 0.001$ ) and "new or returning patient" ( $P = 0.027$ ). Statistically significant differences were not found for sex ( $P = 0.052$ ), payor type ( $P = 0.094$ ), language ( $P = 0.477$ ), ethnicity ( $P = 0.102$ ), race ( $P = 0.727$ ), age ( $P = 0.227$ ), or PHQ-9 score ( $P = 0.173$ ). No statistically significant difference was found for all 14 SDOH screening questions.

**Conclusions.** More acute visits occurred via telehealth, therefore additional quality improvement studies could determine if telehealth visits for acute care effectively reduce patient visits to the emergency department. Although a priori power analysis was conducted, many variables had low counts, so repeating the study with a larger sample size and further statistical analysis would be beneficial.