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Spotlight on Special Topics

DRIVERS OF VARIATION IN TELEMEDICINE USE AT AN ACADEMIC CARDIOVASCULAR CENTER DURING THE COVID-19 PANDEMIC

Poster Contributions
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Background: COVID-19 spurred rapid adoption and expansion of telemedicine. We sought to identify factors associated with visit modality selection (telemedicine vs. in-person) for patients at a large academic cardiovascular center (ACC).

Methods: We used electronic health record data from 3/2020 - 2/2021 from four cardiology subspecialties at an ACC (N=21,912 new & return visits, 69% telemedicine). The variation in visit modality associated with patient, provider, and clinical visit factors was estimated with univariate and multivariate logistic regressions - measured with area under the curve (AUC). Regression findings were confirmed with care provider interviews.

Results: There was significant variation in telemedicine use across providers (ranging 0 - 100%) within each subspecialty for specific clinical diagnoses (Figure 1). Across all subspecialties, provider ID explained most of the variation of telemedicine usage, while primary visit diagnosis and patient characteristics were less predictive. In General Cardiology, univariate model AUC was 0.83 for provider ID, 0.69 for primary diagnosis, and 0.59 for all patient characteristics. Coded interview transcripts confirmed provider preference as the primary driver of visit modality.

Conclusion: At one ACC, provider preference had the largest impact on visit modality selection. Cardiovascular clinics may reduce the variability in visit modality through standardized processes that integrate clinical factors and patient preference.