

**Presentation Summary**

**Title:** *Exploring the digital divide in telehealth adoption among pediatric pain patients in a children’s hospital*

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**Abstract Summary:** Telehealth provides an opportunity to deliver health care by reducing physical barriers. Although the adoption of telehealth has increased, the COVID-19 pandemic expedited the expansion of telehealth due to a need for social distancing and changes to reimbursement. Understanding the impact of telehealth on health disparities is an important component toward achieving health equity. The goal of our study was to describe telehealth utilization among a pediatric pain clinic population and understand if patient demographic factors were associated with differences in telehealth utilization. The primary outcome was telehealth appointment no-show or cancellation within 24 hours. Our study included 550 patients, with 241 (43.8%) patients seen as new patient visits and 309 (56.2%) having their follow-up visits during the study time period. The median age was 15-years old. The most frequent self-reported race was White (24.6%), followed by Black (6.4%), and Asian (2.8%), with reports of Other (51.8%) and Unknown (14.2%). Our cohort self-reported their ethnicity as Hispanic (38.3%), Non-Hispanic (29.3%), with a group of Unknown (32.4%). The most common self-reported language was English (85.8%), followed by Spanish (14.0%). Most patients had government insurance (61.6%) versus commercial (38.4%). For all appointments, 14.9% were cancelled, <24 hours/no-show, whereas new appointments had 21.2% of patients cancelled/no-show and follow-up appointments were cancelled/no-show in 10.0% of appointments. Among new patient visits, ethnicity and government insurance status were statistically associated with being cancelled <24 hours from appointment, or no-shows (p<0.05). Among new patient visits, those who identified as “Other” were more than twice as likely to cancel/no-show than those who identify as White. These factors may represent barriers related to the utilization of telehealth and are opportunities to further study how to reduce the digital divide and work toward health equity. We also found there were a large number of patients who self-identified their race as “Other” or “Unknown.” Improving the accurate collection of demographic data remains an important foundation toward identifying and reducing disparities in health and health care.

**Percentage of Cancelled/No-Showed Appointments by Visit Type**

Appointment Type	Completed Appointment	Cancelled/No-Show Appointment	Percentage of Appointments that were Cancelled/No-showed	Total Appointments by Type
New Visit	190	51	21.20%	241
Follow-up Visit	278	31	10.00%	309
<b>Total</b>	<b>468</b>	<b>82</b>	<b>14.90%</b>	<b>550</b>

Tot Percent Row Percent Col Percent	Appointment Status of New Visits by Race						
	Appointment Status	White	Asian	Black	Other	Unknown	Total
Cancelled/No-Show	4.56	0.4	1.7	12.5	2.1	21.2%	
	21.6	1.96	7.8	58.8	9.8		
	17.5	12.5	30.8	26.1	11.9		
Checked out	21.6	2.9	3.73	35.27	15.4	78.8%	
	27.4	3.68	4.74	44.7	19.5		
	82.5	87.5	69.2	73.9	88.1		