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Title

COVID-19 Related Visits Versus Non-COVID-19 Visits in Three Michigan Nursing Homes During the Pandemic: Virtual Visit Trends

Priority 1 (Research Category)

COVID-19

Presenters

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Abstract

Context

Physical distancing and visiting restrictions during the COVID-19 pandemic posed significant challenges in providing timely medical care in nursing homes. The rising number of new COVID-19 cases created hardship in providing scheduled and non-urgent care visits. Virtual visits were pivotal in providing patient care. However, the additional responsibility of facilitating virtual visits for both social and clinical purposes constrained the ability of staff to provide care. The critical deficiency of the workforce and required triage of patients have been significant barriers to regularly scheduled care. We hypothesize that regular non-COVID-19 visits in the evaluated nursing home facilities were lower than COVID-19 visits during this period.

Objective

To compare the frequency of COVID-19 related virtual visits to non-COVID-19 related virtual visits performed in three suburban nursing homes during the period from December 2020 through February 2022.

Study Design and Analysis

This was a retrospective chart review.

Dataset

Total of 283 patient charts were reviewed for virtual visits during the study period.

Population Studied

283 residents from three nursing homes in suburban areas of Michigan.

Intervention/Instruments

Electronic medical records were analyzed of 563 virtual visits of 283 residents conducted using facility designated iPads.

Outcome Measures

The outcome measures were the ICD-10 codes billed. Each visit was categorized by either COVID-19 or non-COVID-19 related primary diagnosis.

Results

Only 13.8% (78/563) of all virtual visits during the study period were for COVID-19 as a primary encounter. 86.1% (485/563) of visits were non-COVID-19 related, which comprised most frequently of M6281 muscle weakness (45), E119 Diabetes type with complications (20), N186 end-stage renal disease (11), N390 Urinary tract infection (10), G309 Alzheimer's disease (10), and I4891 Unspecified atrial fibrillation (10).

Conclusion

Our analysis of primary ICD-10 diagnosis codes for virtual visits during this study period of the pandemic revealed that the number of COVID-19 related visits was significantly lower than non-COVID-19 related visits in our study population. This refutes our initial hypothesis. This trend could be associated with factors such as a reduction of COVID-19 cases during the study period, insufficient workforce, and inefficient telemedicine implementation. Further studies are required to explore these factors.