Submission Id: 3929

Title

Patient characteristics associated with completion of chronic care E-Visits

Priority 1 (Research Category)

Dissemination and implementation research

Presenters

Marty Player, MD, MS, MSCR, Carole Berini, MSc, Nicole Cooper, MPH, Darin King, MPH, Vanessa Diaz, MD, MS, MS

Abstract

Context: E-visits provide asynchronous care via the use of questionnaires. Evaluation of their use for chronic conditions is limited. A program initiated in 2020 scheduled e-visits for patients with select chronic conditions based on provider recommendations. Email or text reminders were sent to encourage completion of the e-visit. If effective, expanded use of e-visits could improve access to care and outcomes in chronic conditions followed in primary care settings.

Objective: To identify patient characteristics associated with the completion of chronic care e-visits and describe the care provided.

Study Design and Analysis: Retrospective chart review of patients scheduled for e-visits for HIV Pre-Exposure prophylaxis (PrEP), diabetes, anxiety or depression, or hypertension. Fisher Exact Tests were calculated to evaluate association between patient characteristics and e-visit completion.

Setting: Academic medical center primary care practices.

Population Studied: Adult patients invited to complete a chronic care e-visit from February 21, 2020 to April 18, 2022.

Instrument: E-visit questionnaire and medical records.

Outcome Measures: Rate of visit completion, description of care provided within e-visits.

Results: A total of 144 e-visits were scheduled. Patients were mostly male (63.2%), Black or African American (61.1%), not Hispanic or Latinx (90.3%), and 41.6 (16.0 SD) years old on average. Types of visits included follow-up for anxiety/depression (2.1%), diabetes (4.2%), hypertension (34%), and PrEP (59.7%). Of those e-visits, 45.1% were completed. Patients with significantly higher completion rates were male (55.8% vs. 34.0% for females, p<.001), 18 to 45 years old (58.1% vs 22.0% for \geq 46, p<.001), and scheduled for PrEP follow-up e-visits (59.3% vs \leq 50% for others, p<.001). Race and ethnicity were not associated with completion of e-visits. Completed e-visits were reviewed (n=65), 9.2% resulted in

medication changes, while the majority served to ensure adherence and led to the continuation of prescribed treatments.

Conclusions: Although a reminder system was in place, less than half of chronic e-visits were completed, suggesting strategies to improve completion rates are needed. Most e-visits were used to confirm current treatment was appropriate, but did sometimes lead to medication changes. These findings suggest a role for chronic e-visits in primary care as convenient methods of ensuring compliance with and effectiveness of treatment.