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Title

Evaluation of the Super Supporter Virtual Visit Technology Navigator Program for Rural Patient Populations

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Virtual visits have emerged as a new mode of accessing healthcare, however not all patients have equal access to virtual care. The barriers to accessing the internet and virtual care include unequal access to technology and Internet service and lower levels of computer literacy. Patients who may benefit most from virtual care, such as those living in rural areas, may be at greatest risk of not being able to complete a clinical video visit with their provider. The Super Supporter Technology Navigator Program was designed to support patients to connect more easily and successfully with their providers virtually. Super Supporters call patients and offer visit support such as device feasibility, setup and log-on, and practice for virtual video visits. Objective: Here we evaluate the proportion of rural patients contacted for Super Supporter assistance. Study Design and Analysis: Compare the means of 2944 contacted rural vs non-rural patients who did or did not receive super supporter assistance in advance of a virtual video visit. Setting or Dataset: Atrium Health Southeast region patients throughout North Carolina. Population Studied: Rural and non-rural patients > 18 years who were contacted for Super Supporter assistance. Intervention: Telephone contact by a Super Supporter before a virtual care appointment. Outcome Measures: Number of rural or non-rural patients receiving or not receiving Super Support Virtual Care. The Federal Office of Rural Health Policy Data Files determined rural zip codes. Results: Overall, 2944 patients were contacted for super supporter assistance (509 (17.3%) rural and 2,435 (82.7%) non-rural). 653 utilized super supporter assistance, while 2,291 did not. Of the 509 rural patients who were contacted, 131 (25.7%) received support, and 378 (74.3%) did not receive support. Of the 2,435 non-rural patients contacted, 522 (21.4%) received support, and 1913 (78.6%) did not. Therefore more rural (25.7%), than non-rural (21.4%) patients received support ([95%] CI 0.004 - 0.0839, p=0.03). Reasons why patients did not receive support included: the patient felt confident using virtual visits, the patient had other assistance, or the visit would be conducted through another

platform. Conclusions: Higher proportions of rural patients received support for virtual visits compared with non-rural populations, confirming the added benefits of providing Super Supporter assistance to rural populations.

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