Outcomes of a Rapid Adolescent Telehealth Scale-up During the COVID-19 Pandemic

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PURPOSE: To describe the first 30 days of rapid adolescent telehealth scale-up in response to the coronavirus (COVID-19) pandemic at a single academic medical center and assess for disparities in visit completion rates by patient characteristics. METHODS: Visit outcome and patient demographic data were obtained via electronic health record (EHR) reports. Telehealth visit completion rates were compared by patient characteristics using the chi-square test and t-test. We used zip code data to generate latitude- and longitude-based maps of the range and density of service delivery. Patient cases highlighting challenges and opportunities for adolescent telehealth were summarized. RESULTS: Between March 16 and April 15, 2020, 392 telehealth visits were scheduled in 331 unique patients, with an 82% appointment completion rate. Video visits were conducted for eating disorders (39%), contraception/menstrual disorders (22%), gender-affirming care (17%), general adolescent medicine (15%), HIV treatment (6%), and substance abuse (1%). The majority of telehealth patients were female Caucasian minors with private insurance. There were no significant differences in telehealth visit completion rates by age, sex, gender, or insurance. Patients coded as non-white (African-American, Asian, or other) in the EHR had lower visit completion rates than white patients (p = .003). Telehealth patients were distributed across five states, with the highest concentration in the zip codes nearest to the clinic. CONCLUSIONS: Rapid scale-up of telehealth for Adolescent Medicine was achieved at this large academic medical center. Future implementation research is needed to assure telehealth reaches adolescents without widening health disparities.

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