

MD TopLine Content Template

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Project Title

Analysis of the Digital Divide Among NYP Patients

Project Summary

Variable access to technology creates significant barriers to providing equitable care. This project aims to analyze the digital divide at NYP. By identifying modifiable gaps, strategies will be developed to improve technology engagement targeted to vulnerable groups.

Project Details

Technology has become a fundamental part of our healthcare delivery system. However, barriers may exist in terms of broadband connectivity, device availability, language, and technology literacy (or "comfort with technology"). The rapid expansion of telemedicine seen during the COVID-19 pandemic creates the potential for technology-driven health disparities. NewYork-Presbyterian, Columbia and Weill Cornell are committed to providing equitable quality of care and health outcomes, and to addressing equal access to technology to ensure these goals.

Connectivity of patients within our system was analyzed by evaluating healthcare utilization touchpoints to assess the digital disparities and potential impact on health outcomes. In the COVID-19 era, traditional health outcome measurements have shifted due to changes in hospitalization and treatment/intervention patterns. Healthcare utilization touchpoints can thus be used as a surrogate for outcomes, as increased touchpoints may be associated with increased patient engagement resulting in improved health outcomes. Utilization touchpoints include: in-person visits (ambulatory, urgent care, ED, inpatient, telephone encounters, video visits (via CONNECT platform or alternative), CONNECT messages, and medication refill requests.

We recognize that at-risk populations may have limited information regarding COVID-19 vaccine opportunities as a result of barriers posed by technology. Patients, who have limited familiarity and comfort with technology, as well as limited access to technology resources, are placed at a significant disadvantage when the predominant modality for communicating current COVID related information (vaccine availability, educational materials, on-line scheduling instructions, etc.) is technology driven. Patients experiencing these technology-driven disparities are caught in an ever-widening digital divide which must be addressed.

Our work is focused on developing interventions to ensure that technology is not a barrier to providing equitable care. To address this need we have proposed a rapid implementation of organized and accessible technological practices to provide care that is safe, equitable, effective, timely and patient-centered. We are specifically focused on identifying vulnerable patients in the 18-64 year old cohort for COVID-19 vaccine distribution, and to develop strategies to engage these patient populations to improve health outcomes.