

Rural, Regional, Racial Disparities in Telemedicine Use During the COVID-19 Pandemic Among US Adults: 2021 National Health Interview Survey (NHIS) [Letter]

Elanda Fikri ^{1,2}

¹Department of Environmental Health, Poltekkes Kemenkes Bandung, Bandung, Indonesia; ²Center of Excellence on Utilization of Local Material for Health Improvement, Bandung Health Polytechnic, Bandung, Indonesia

Correspondence: Elanda Fikri, Department of Environmental Health, Poltekkes Kemenkes Bandung, Jl.Pajajaran 56, Bandung, Jawa Barat, Indonesia, Email elandafikri@yahoo.com

Dear editor

We were very impressed with the article entitled “Rural, Regional, Racial Disparities in Telemedicine Use During the COVID-19 Pandemic Among US Adults: 2021 National Health Interview Survey (NHIS)”. The results of this research have advantages, namely: 1) Focus on comparative analysis of telemedicine usage patterns among adult populations living in rural and urban areas during the COVID-19 pandemic, 2) Evaluation of the probability of telemedicine adoption among adults living in rural and urban areas, 3) Emphasis on sociodemographic factors that influence access to healthcare, 4) Highlighting disparities in telemedicine use, particularly in rural areas, 5) Emphasizing the importance of healthcare strategies tailored to the unique characteristics of rural areas to achieve equitable access to healthcare.¹

However, we have also discovered several limitations that need to be corrected in the future, namely: 1) Use of cross-sectional data from the 2021 NHIS to investigate the relationship between telemedicine use and rural disparities. This may limit the ability to evaluate changes in telemedicine use over time, 2) The questionnaire for telemedicine use did not investigate the types and proportions associated with the modality, so the associations found may vary depending on the modality type, 3) Telemedicine use data was obtained through self-reported responses in the questionnaire, which may lead to the potential for underestimation due to responses that may be too low or too high, 4) Limitations in estimating the extent of telemedicine use in 2021, which may reflect the changing healthcare environment during the study period.

To obtain better results, we recommend that further research be carried out by 1) Using data that tracks telemedicine use over time will provide a better understanding of changes in telemedicine use patterns over time, 2) Investigating the types of telemedicine used and the proportion of use could provide greater insight into telemedicine usage preferences, 3) Validating telemedicine usage data with other sources, such as electronic medical records,² could help ensure the accuracy of results, 4) Conducting qualitative research to understand individuals’ perceptions and experiences related to telemedicine usage, as well as the barriers they face, could provide greater insight, 5) Investigating the impact of telemedicine-related policies, such as long-term payment policies, could provide an understanding of how such policies affect telemedicine access and usage.³

In conclusion, this study makes a significant contribution by highlighting the disparities in telemedicine use between rural and urban populations and highlights the importance of considering social and economic factors in efforts to achieve equitable access to healthcare.

Disclosure

There is no conflict of interest related to this communication.

References

1. Park JH, Lee MJ, Tsai MH, Shih HJ, Rural CJ. Regional, racial disparities in telemedicine use during the COVID-19 pandemic among US adults: 2021 national health interview survey (NHIS). *Patient Prefer Adherence*. 2023;17:3477–3487. doi:10.2147/PPA.S439437
2. Beiser M, Lu V, Paul S, et al. Electronic health record usage patterns: assessing telemedicine's impact on the provider experience during the COVID-19 pandemic. *Telemed J E Health*. 2021;27(8):934–938. doi:10.1089/tmj.2020.0490
3. Clemens SK, Kelly W, John B, Waleed S. Telemedicine and health policy: a systematic review. *Health Policy Technol*. 2021;10(1):209–229. doi:10.1016/j.hlpt.2020.10.006

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Patient Preference and Adherence 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Patient Preference and Adherence editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Patient Preference and Adherence

Dovepress

Publish your work in this journal

Patient Preference and Adherence is an international, peer-reviewed, open access journal that focusing on the growing importance of patient preference and adherence throughout the therapeutic continuum. Patient satisfaction, acceptability, quality of life, compliance, persistence and their role in developing new therapeutic modalities and compounds to optimize clinical outcomes for existing disease states are major areas of interest for the journal. This journal has been accepted for indexing on PubMed Central. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/patient-preference-and-adherence-journal>

<https://doi.org/10.2147/PPA.S456131>