Socioeconomic Disparities in Online Patient Portal Utilization among Total Hip Arthroplasty Recipients
Neel Vallurupalli1, Kyle William Lawrence, Akram Habibi2, Joseph A Bosco3, Claudette Malvina Lajam4
1Orthopedic Surgery, NYU Langone Orthopedic Hospital, 2NYU Langone Orthopedic Hospital, 3NYU Hospital For Joint Diseases, 4NYU Langone Orthopedics

INTRODUCTION: Since 2021, Centers for Medicare and Medicaid Services has mandated patient open access to their medical records. Many institutions use an online portal that allows access to health information and communication with care teams. We aimed to assess how patient demographics affect portal utilization and if this was associated with quality metrics and outcomes after total hip arthroplasty (THA).

METHODS: We retrospectively reviewed primary, elective THA at a single institution from 2017-2022. Patients were stratified into two groups based on their online portal status: activated (A) or not-activated (NA). Baseline characteristics and postoperative outcomes collected from the electronic medical record and compared. In total, 9,105 cases were included: 7,395 (81.2%) were A and 1,710 (18.8%) were NA.

RESULTS: Patients in the NA group were significantly older (p<0.001), more likely to be Black (p<0.001), single / divorced / widowed (p<0.001), non-English speaking (p<0.001), Medicare or Medicaid insured (p<0.001), from zip codes with median incomes below $50,000 (p<0.001), and American Society of Anesthesiologists class III or IV (p<0.001). Patient-reported outcome measure (PROM) completion rates were significantly lower in the NA group (19.0% vs. 54.9% p<0.001). Lengths of stay (LOS) were significantly higher in the NA group (2.8 vs. 1.9 days, p<0.001). The NA group was significantly more likely to be discharged to skilled nursing facilities (p<0.001). Comparable rates of 90-day emergency department visits, readmissions, 90-day and two-year revisions were observed across groups.

DISCUSSION AND CONCLUSION: There are significant disparities in online portal activation status across patient demographics. Portal activation significantly correlates with PROM completion, LOS, and discharge disposition. Further research should determine how literacy and other factors may drive the relationship between utilization of these portals and PROM completion and inform interventions to improve portal utilization among disadvantaged populations.