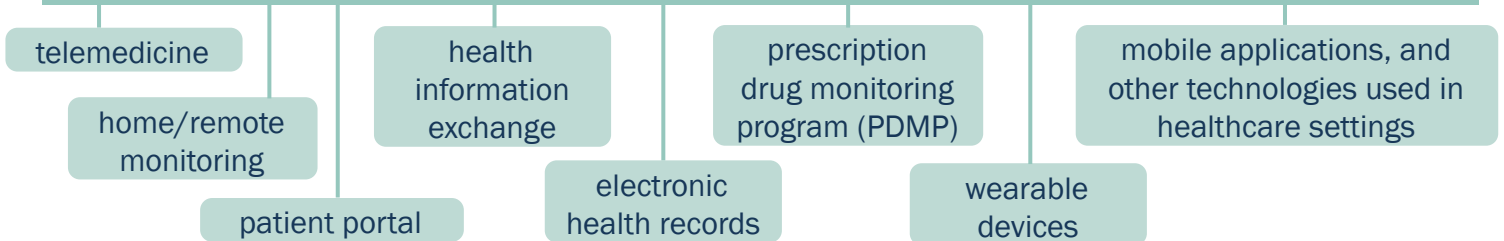


Leveraging Digital Health Tools to Advance Health Equity

NORTH CAROLINA

To address gaps in technology adoption that impact underserved communities, the National Center for Primary Care (NCPC) at Morehouse School of Medicine is examining the adoption and use of digital health tools by primary care clinicians in four southeastern states: Georgia, Kentucky, North Carolina, and Tennessee.

Digital health tools (DHT) include:



North Carolina Demographics

Total Population: 10.2 million+

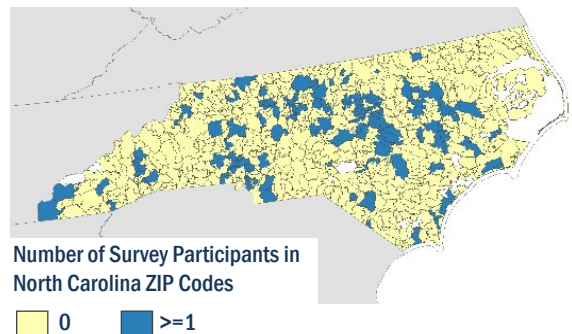
3% Asian | 21% Black | 7% Other | 69% White



Hispanic Ethnicity

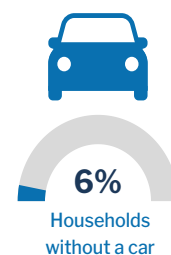
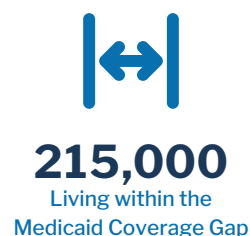
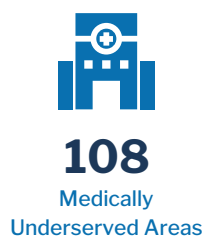
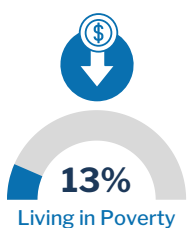


Live in Rural Area



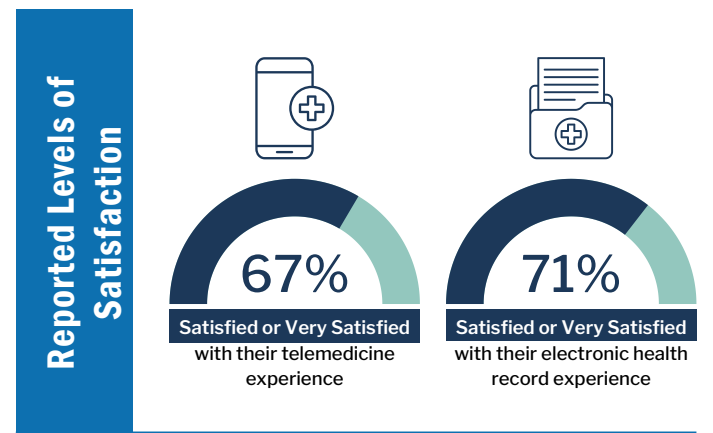
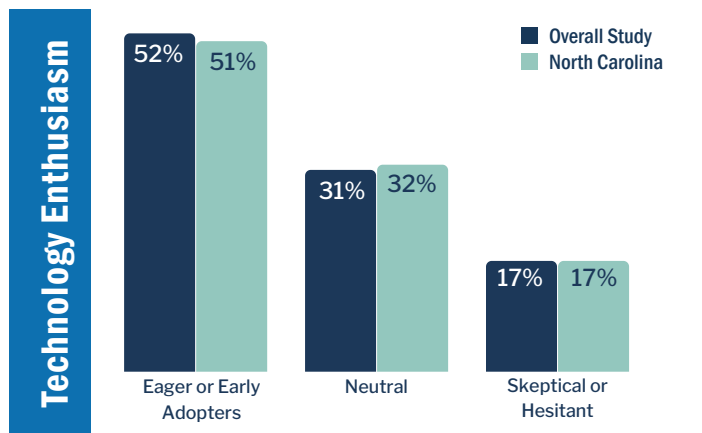
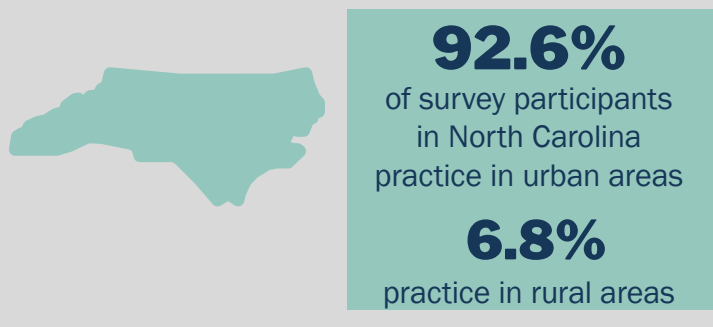
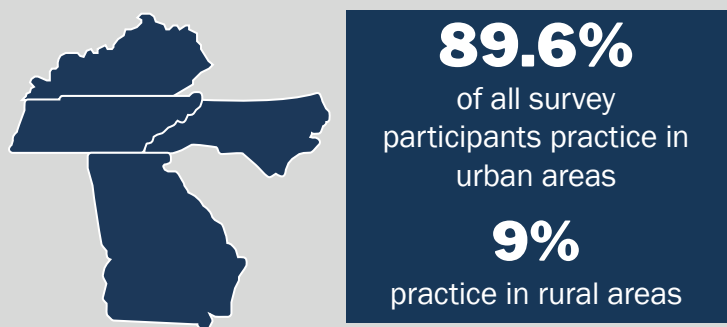
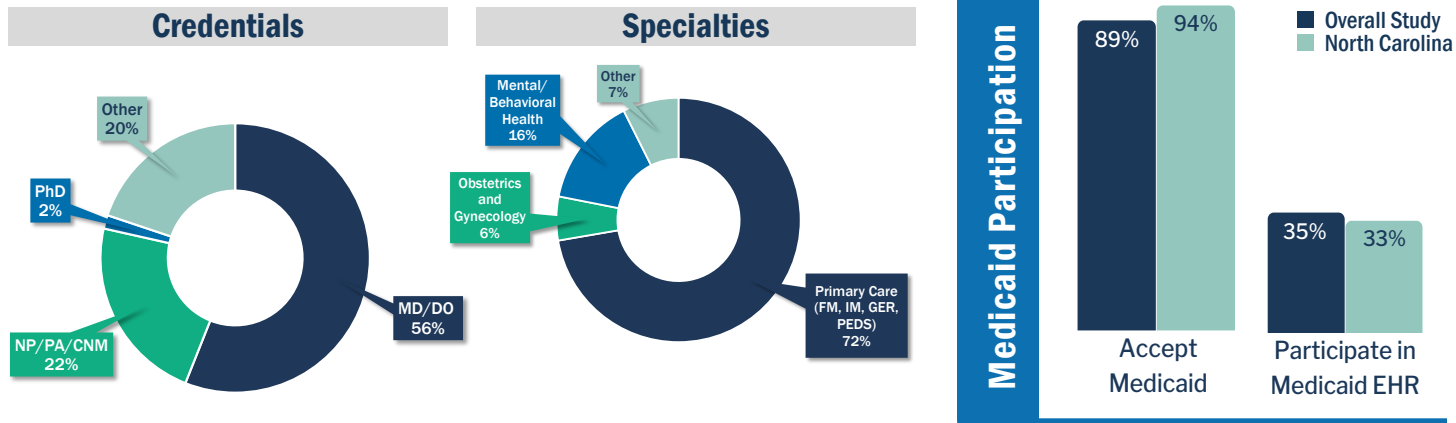
More than 300 clinicians in North Carolina have completed the survey, highlighting the challenges and opportunities they have experienced using digital health tools.

Social Determinants of Health in North Carolina



Survey Participants Demographics

The majority of the 311 clinicians from North Carolina who participated in the survey held MD or DO credentials, specialized in primary care, and practiced in urban areas. They reported being satisfied with existing DHT.



Current Digital Health Tool Use

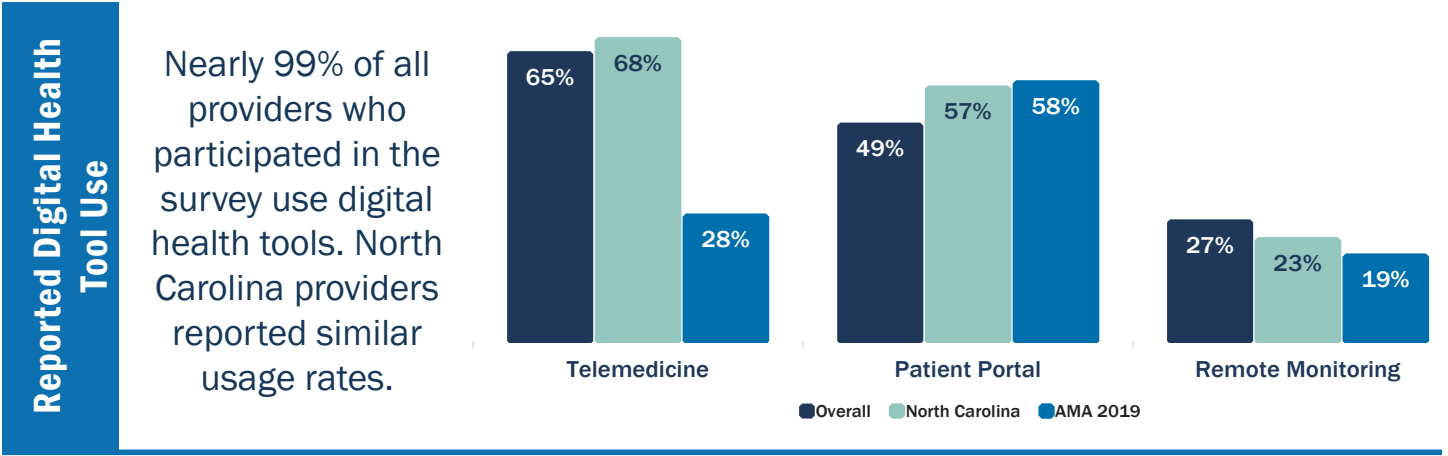


74% of respondents were connected to the State HIE

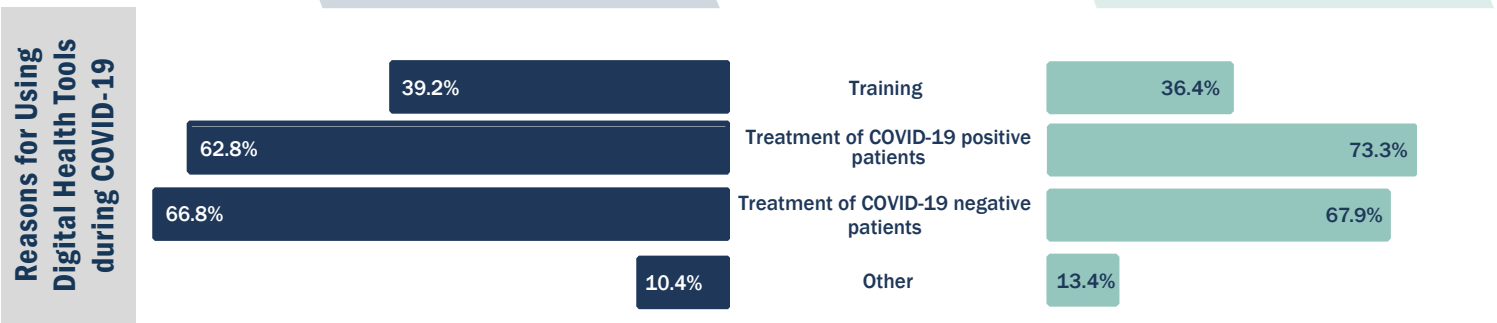
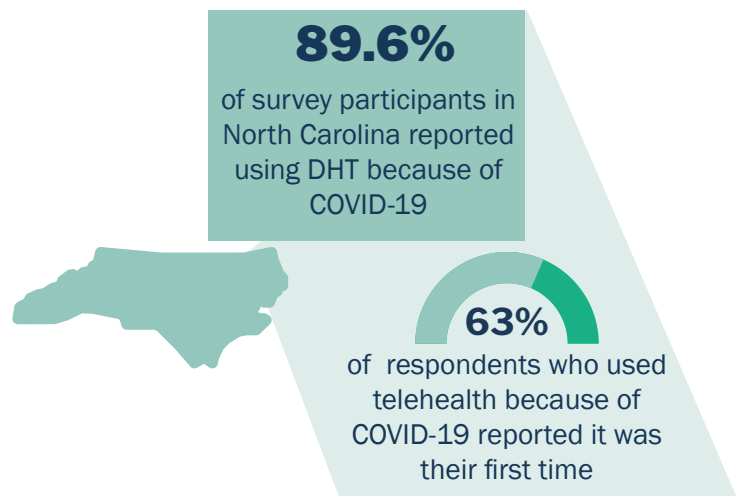
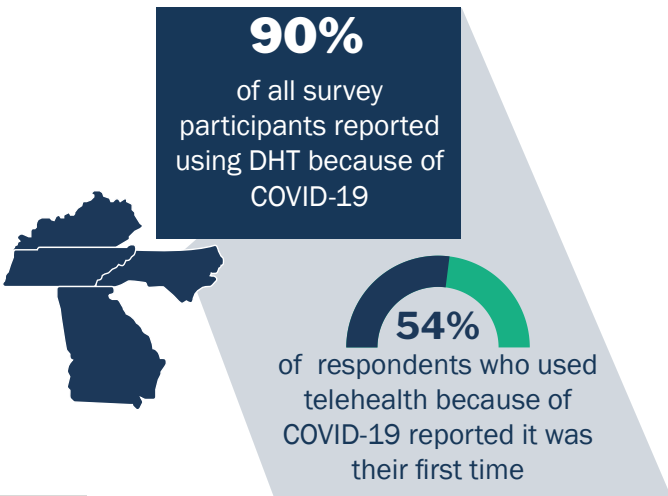


41.9% of respondents were using the State HIE

More than 7 in 10 providers reported being connected to the Health Information Exchange (HIE), but less than half reported using it.



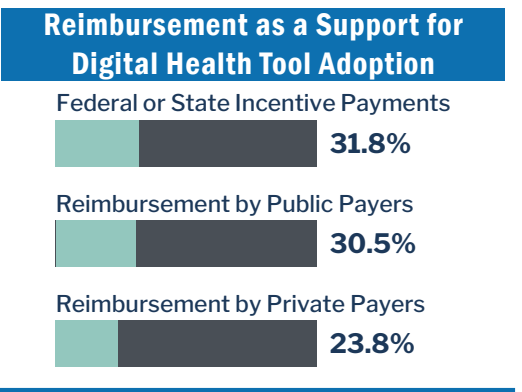
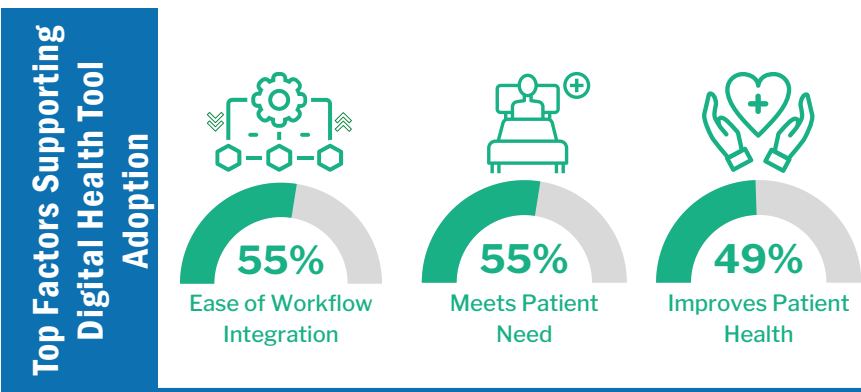
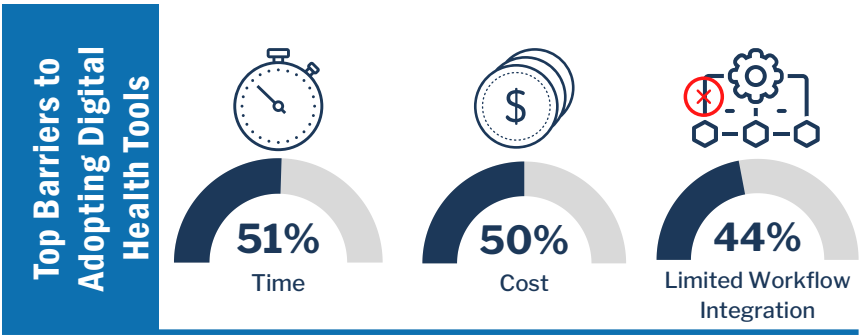
Digital Health Tool Use and COVID-19



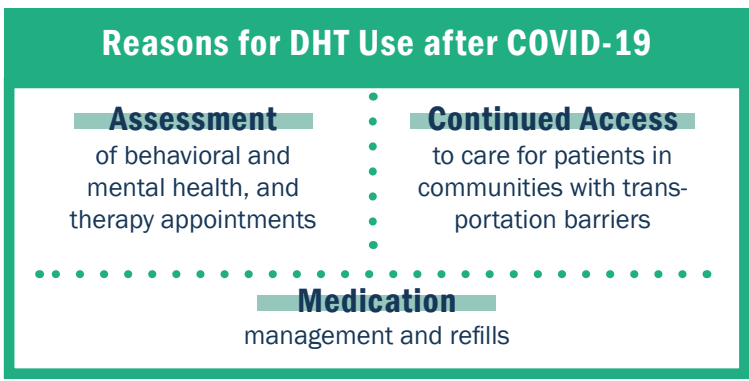
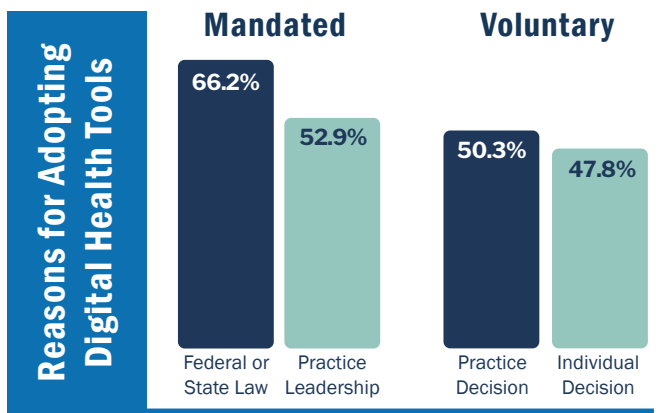
Factors that Support and Impede Digital Health Tool Adoption

“...we have a really high Spanish-speaking population. And so that has been our biggest challenge with the patient portal or telehealth. But we're kind of making it work for now.”
-Focus Group Participant

“When we've had connectivity issues with patients, our administration decided that we could not do telephone visits anymore because of reimbursement [something that they were being told]. So, somebody gave us a couple of iPads...we have taken those out to patients in their cars where the Wi-Fi still connects, or sometimes, they'll come into the office, be shut up in a room with the iPad and we'll have the visit that way. This is nice, because if you need to get something like vitals or for them to have labs or something that day, that's been a nice byproduct.”
-Focus Group Participant



“We're doing a lot of phone visits. We do have Doxy.me to do the video correspondence. But because of the location of where we live, bandwidth and Internet connectivity issues, there's been some painful appointments both via video and on phone. But when it works, it works very well. Patients are very receptive to it. It eliminates a barrier to access services, especially a transportation barrier, which is very heavy in our community. So, I think patients are really loving that.”
-Focus Group Participant



“I haven't done it [remote patient monitoring] really during the pandemic, except where we found the feature on MyChart, where we can invite patients to enter their blood pressure and that drops it in...it's really nice because it can be integrated into their medical record. So, that's pretty cool.”
-Focus Group Participant