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# Virtual Health Care Encounters for Lung Cancer Screening in a Safety-Net Population: Observations From the COVID-19 Pandemic

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## Abstract

### Purpose

The COVID-19 pandemic disrupted normal mechanisms of health care delivery and facilitated the rapid and widespread implementation of telehealth technology. As a result, the effectiveness of virtual health care visits in diverse populations represents an important consideration. We used lung cancer screening as a prototype to determine whether subsequent adherence differs between virtual and in-person encounters in an urban, safety-net health care system.

### Methods

We conducted a retrospective analysis of initial low-dose computed tomography (LDCT) ordered for lung cancer screening from March 2020 through February 2023 within Parkland Health, the integrated safety-net provider for Dallas County, TX. We collected data on patient characteristics, visit type, and LDCT completion from the electronic medical record. Associations among these variables were assessed using the chi-square test. We also performed interaction analyses according to visit type.

### Results

Initial LDCT orders were placed for a total of 1,887 patients, of whom 43% were female, 45% were Black, and 17% were Hispanic. Among these orders, 343 (18%) were placed during virtual health care visits. From March to August 2020, 79 of 163 (48%) LDCT orders were placed during virtual visits; after that time, 264 of 1,724 (15%) LDCT orders were placed during virtual visits. No patient characteristics were significantly associated with visit type (in-person v virtual) or LDCT completion. Rates of LDCT completion were 95% after in-person visits and 97% after virtual visits ( $P = .13$ ).

### Conclusion

In a safety-net lung cancer screening population, patients were as likely to complete postvisit initial LDCT when ordered in a virtual encounter as in an in-person encounter.

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