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Healthcare Disparities In Diabetes Management During The COVID-19 Pandemic

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Aim: Healthcare disparities in diabetes and COVID-19 have been described, but the impact of COVID-19 on diabetes management based on sex, age, race and socioeconomic status is less known. This study examines impact on diabetes care during the two years

of the pandemic in an academic endocrinology practice while assessing for disparities. **Methods:** A retrospective cohort study was conducted in adult patients with diabetes being managed during the pandemic by our endocrinology group. Gender, age, race, and social deprivation index (SDI) were compared between three time periods (T1= March 2019- Feb 2020; T2= March 2020 to Feb 2021; T3= March 2021 to Feb 2022) to test for differences in clinical outcomes and frequency of care checks using chi-square test and generalized linear mixed models. **Results:** Our cohort included of 4909 patients, 46.2% were females, 73.2% were white, and 32% were older than 65 years. The median (IQR) SDI was 45 (17-79), and nearly half (48.1%) of the patients were on Medicare or Medicaid. Our results showed that during the first year of pandemic (T2), the frequencies of Hemoglobin A1c (A1c) checks and BMI measurements fell by 36% and 47%, respectively ($p < 0.001$). These rates recovered mostly in T3; A1c checks remained 8% lower ($p<0.001$), and BMI 13% lower ($p = 0.01$) than pre-pandemic levels. Similarly, there was a 14.3% reduction in LDL checks during T2 which did recover in our study period ($p = 0.001$). Urine microalbumin (ACR) rates did not drop during the study period. Other than the frequency of BMI checks, there was no difference in the frequency of care checks between different sex, race, age, or SDI groups. Women had less BMI checks and in person visits in T2 . The overall cohort averages through the pandemic of Systolic Blood Pressure (SBP) , ACR and BMI remained stable while A1C and LDL decreased during the study period. Blacks had persistently higher average A1C, SBP, BMI, and LDL values through all three study times. While these disparities persisted throughout the pandemic, they did not worsen. The average number of clinic visits per person during the study period did not drop during T2 and increased by 7.6% in T3 compared to T1 which was driven by a dramatic increase in virtual appointment (from none to 1.71 per person in T2) ($p<0.001$). There was no subgroup variation in clinic visits and types. Conclusion: Our study examined the impact of COVID-19 on ambulatory visits, and health maintenance in patients with diabetes seen at a large endocrinology practice. Compared to pre-pandemic, we showed that overall, the frequency of most diabetes-related healthcare checks decreased and continued to be lower than expected two years into the pandemic. However, these changes did not translate into worse diabetes control and management in our cohort. Moreover, our data highlighted important disparities in health outcomes already present in our patient population prior to the pandemic.

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