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QUANTIFICATION OF WOMEN AND UNDER-REPRESENTED MINORITY APPLICANTS TO CLINICAL CARDIAC ELECTROPHYSIOLOGY FELLOWSHIP

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Background: Prior to the institution of the Match, there have been no reliable data available regarding how many women or under-represented minority (URM) applicants for clinical cardiac electrophysiology (CCEP) fellowship there are in the United States.

Objective: To present the available data on women and URM CCEP applicants.

Methods: We reviewed three years (2019 - 2021) of ERAS data for CCEP fellowship applicants and their corresponding years for cardiovascular disease (CVD) fellowship. These data represent the applicants, and not the matched fellowship matriculants.

Results: Overall, 5-6% of the pool of CVD fellows chose CCEP in years 2016-2018 (Figure, Panel A). Women comprised 13-15% of that group and self-identified URM applicants comprised 7-10%. While there was a numerical increase in the absolute number of women applicants applying for CCEP fellowship (Figure, Panel B), this was not a statistically significant increase given the overall size of the applicant pool (P for trend 5 NS). The proportion of URM groups applying for CCEP fellowship was even lower. There were only 4 (3%), 6 (5%) and 7 (5%) self-identified Hispanic, Latino, or Spanish origin CCEP applicants in 2019, 2020 and 2021, respectively. This trend starts early at CVD application level as women and URM CVD applicants comprised 21% and 10% in 2016, 24% and 9% in 2017, and 23% and 9% in 2018. (P for trend 5 NS in all above).

Conclusion: The number of women and URM applicants for CCEP is low with no increase observed between 2019 and 2021. Identifying and addressing barriers for women and URM applying for CVD and CCEP training will be paramount to increase representation.

Table 1. Atrial Fibrillation Related Outcomes over 1 Year by Race/Ethnicity

Table 2. Atrial Fibrillation Related Outcomes over 1 Year by Race/Ethnicity

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A WIDENING DIGITAL DIVIDE: UTILIZATION OF VIRTUAL VISITS IS REDUCED OVER TIME FOR BLACK AND HISPANIC COMMUNITIES

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Background: Social distancing restrictions resulted in increased utilization of virtual visits (VVs) for arrhythmia care in 2020. Over time, there has been a return to in-person visits (IPVs); however, utilization of VVs may continue to offer advantages for patients.

Objective: To assess characteristics of patients durably adopting virtual care.

Methods: All appointments in our arrhythmia clinics from March 2020 through November 2021 were analyzed. Completed appointments by EP providers were categorized as VV or IPV. The VV rate was calculated as number of VVs divided by total visits (IPVs and VVs). Pt characteristics collected included self-identified race and ethnicity as well as age, gender, and insurance status. We also assessed enrollment in an internet-based patient portal that interfaces with the electronic medical record (EMR) and allows for communication with providers.

Results: A total of 6,084 VVs and 10,942 IPVs were included in the analysis. In 2020, 3,550 VVs comprised the majority (52.8% of 6,723) of all outpatient visits, whereas in 2021, this proportion dropped to 24.6% (2,534/10,303) as IPVs became more common. The largest reduction in VV utilization was amongst Black patients (65.2% reduction to a 19% VV rate) followed by Hispanics (62.3% reduction to a 15.8% VV rate). Both groups had a significantly reduced VV utilization rate compared to others in 2021 (P < 0.01). There was no significant difference in VV rates for underinsured patients in 2020 or 2021, indicating social but not economic influence on telehealth adoption. We also assessed enrollment in an internet-based patient portal that interfaces with the electronic medical record (EMR) and allows for communication with providers.

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