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Racial Disparities in Rescheduling Elective Surgeries Following COVID-19

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Racial Disparities in Rescheduling Elective Surgeries Following COVID-19

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INTRODUCTION:

Due to the SARS-CoV-2 pandemic, healthcare systems were mandated to cancel elective procedures as a public health safety measure. This study aimed to evaluate subsequent rescheduling in relation to patients' interpreted risks of receiving care and reported discrepancies of the COVID-19 pandemic's direct impacts on minority populations.

METHODS:

An orthopedic surgery research consortium developed a clinical survey to assess the impact of elective surgery cancellations on patients. Topics included demographics, cancellation sentiments, and rescheduling preferences ("ASAP", "within 3 months", "6 months", "12 months", or "do not wish to reschedule"). The survey was administered for surgeries cancelled between March 15^{th} and May 31^{st} , 2020. Utilizing June 1^{st} as the date elective procedures resumed, completed surgeries were categorized as "within stated preferences" or "late". Data were analyzed for possible predictors of having surgery within preferences using chi-square and multivariable logistic regressions (α =0.05).

RESULTS & CONCLUSION:

Of the 1703 patients with surgery cancellations, 1327 (77.9%) completed the survey. Rescheduled surgery data were obtained for 1297 patients – 97.7% of survey participants. Sample demographics included 64.6% females, 70.9% Caucasians, and a mean age of 59.3. The majority (65.9%) preferred to have surgeries rescheduled ASAP, and the majority (66.0%) underwent surgery within their stated preference. However, Caucasian patients were significantly (1.67x) more likely to have surgery within stated preferences than Black patients (p=<0.001). No other variables were significant independent predictors of having surgery within stated preferences, presenting a discrepancy that encourages further investigation as elective surgeries continue to be rescheduled following resumption across the country.