

experiences. Post-elective surveys assessed student satisfaction with elective components and change in comfort levels with T2DM management and social determinants of health (SDH) on diabetes care.

Results: Overall, 87% (n=13) of students were “extremely satisfied” with the elective. Increased comfort was seen with management of type 2 DM and the impact of SDH on DM care (DM 88% neutral/uncomfortable to 94% comfortable, SDH 50% neutral/uncomfortable to 94% comfortable). Students were satisfied with the quality of patient care and requested opportunities for more direct involvement.

Conclusions: This virtual endocrine elective shows that curricula can be creatively designed to educate students in endocrinology, assess students across core competencies, and demonstrate impacts of telehealth and social determinants of health on endocrine and patient care.

Diabetes Mellitus and Glucose Metabolism

COVID-19 AND DIABETES

Evaluating the Use of Telemedicine in Endocrinology Clinic

Maryam Nemati, MD¹, Archana Reddy, MD¹, Syung Jung, MD, FACP², Jessica Nguyen, MD³.

¹San Joaquin General Hospital, French Camp, CA, USA, ²San Joaquin General Hospital, Tracy, CA, USA, ³Touro University California, Vallejo, CA, USA.

The COVID-19 pandemic changed patient-physician interaction. As the need to reduce COVID-19 transmission, many clinic providers have converted their in-person visits to video or phone visits. Our endocrinology clinic initiated tele visits early on when the pandemic had just started. Telemedicine may help with patient's compliance by decreasing various burdens. Some studies show that patients and providers hope telemedicine will continue after the crisis. In this study we evaluated benefits and challenges of telemedicine in our endocrinology clinic. Patients who had a telemedicine endocrinology visit after informed consent were surveyed on 10 questions regarding benefits and limitations of the tele visits compared to the clinic visit. Patient also responded if they want to continue with telehealth after COVID-19 pandemic. Providers also were surveyed about the benefits and limitations of telemedicine and responded if they want to continue with telemedicine after pandemic. We also analyzed no-show rate from January 2020 through May 2020 for 6 weeks before and after the implementation of telemedicine. Among 109 patients who were interviewed 65% declared that they would like to continue with telemedicine after pandemic. Total of 42% of patients prefer video visit and 37% prefer phone calls. Among Interviewers 45% report benefit of spending less time, however 54% stat the time of meeting, itself was about the same. 54% believe they spent less money with telemedicine. 37% of interviewers report no limitation for telehealth while 25% report connection difficulty. 63% of patients state they do not have any difficulty traveling to the hospital. 90% of the patients declare all their question and concerns were responded and 77% stated the quality of care with telemedicine is almost the same via clinic visit. Among providers 75% want to continue telehealth after

COVID-19 pandemic. 50% of providers mention patient satisfaction and 25% notice time saving as benefits. 46% of the providers mention lack of physical exam and 40% mention technology connection as the limitation for video visit. 60% of providers believe lack of exam is the limitation of phone visit. 87% of the providers believe the quality of care via phone is not like in clinic visit while 75% of the providers believe the quality of care is similar in video visit compare to in clinic visits. No show rate decreased from 30% to 27% after the implementation of telemedicine in 6 weeks prior and after pandemic. Endocrinology clinic has significant number of patients who need long term close follow up for medication adjustments, symptom checks and counseling. Given patients and providers satisfaction rate, telemedicine can be incorporated as part of regular clinic visits after the Covid crisis ends. Telehealth can be more efficient for both patients and providers but there are challenges which needs to be addressed.

Diabetes Mellitus and Glucose Metabolism

COVID-19 AND DIABETES

Glycaemic Control in Children and Adolescents With Type 1 Diabetes Following a Single Telehealth Visit:What Have We Learned From the COVID-19 Lockdown?

Marianna Rachmiel, MD¹, Yael Lebenthal, MD², Kineret Mazor-Aronovitch, MD³, Avivit Brener, MD⁴, Noah Levek, Msc⁵, Neria Levran, MsC⁶, efrat Chorna, MsC⁷, michal dekel, Rn¹, Galia Barash, MD¹, Zohar Landau, MD⁸, Orit Pinhas-Hamiel, Professor⁹.

¹Shamir (Assaf Harofeh) Medical Center, Zerifin, Israel, ²Dana-Dwek Children's Hospital, Tel Aviv Sourasky Medical Center, Tel-Aviv, Israel, ³Safras Children Hospital, Sheba Medical Centre, Ramat-Gan, Israel, ⁴Dana-Dwek Children's Hospital, Tel Aviv Sourasky Medical Center, Tel Aviv, Israel, ⁵Maccabi Raanana, Hod hasharon, Israel, ⁶Maccabi Health Care Services, raanana, Israel, ⁷Dana-Dwek Children's Hospital, Tel Aviv Sourasky Medical Center, tel aviv, Israel, ⁸WOLFSON Medical Center HOLON, Tel Aviv-Yafo, Israel, ⁹Edmond and Lily Safra Children's Hospital, Sheba Medcial Center, Ramat-Gan, Israel.

Aims: Children with chronic diseases were unable to receive their usual care during COVID-19 lockdown. We assessed the feasibility and impact of telehealth visits on the time-in-range (TIR) of pediatric individuals with type 1 diabetes (T1D). **Methods:** An observational multicenter real-life study. Patients scheduled for an in-clinic visit during the lockdown were offered to participate in a telehealth visit. Sociodemographic, clinical, continuous glucose monitor and pump data were recorded 2 weeks prior and 2 weeks after telehealth visit. The primary endpoint was change in relative-TIR, i.e change in TIR divided by the percent of possible change (Δ TIR/(100-TIRbefore)*100). **Results:** The study group comprised 195 individuals with T1D (47.7% males), mean±SD age 14.6±5.3 years, diabetes duration 6.0±4.6 years. Telehealth was accomplished with 121 patients and their parents (62.0%); 74 (38.0%) did not transfer complete data. Mean TIR was significantly higher for the two-week period after the telehealth visit than for the two-week period prior the visit (62.9±16.0, p<0.001