

**Comparison of Pediatric Visits at an Academic and Private Pediatric Health System Highlights COVID-19 Pandemic Response Induced Disparity in Care**

**Background:** During the COVID-19 pandemic, the decline in visits faced by healthcare institutions resulted in substantial changes. The burden of these changes fell heavily on academic institutions, who often converted to primarily care for COVID patients at the cost of outpatient care. Studies show that hospital-affiliated primary care networks are often utilized by marginalized patient populations. These groups are already more likely to have missed well-child visits and care leading to multiple sequelae, including missed vaccines, preventative care, and delayed intervention in developmental abnormalities.

**Objective:** To compare the impact of COVID-19 pandemic response on pediatric care utilization at a large academic medical center (SUNY Downstate) and a large private practice pediatric group, both located in New York City.

**Design/Methods:** Using retrospective data from January 2017 to July 2021, we measured the monthly volume of each practice before and during the pandemic. The data was evaluated using interrupted times series(ITS) analysis and Wilcoxon rank sum test.

**Results:** Downstate had both a more severe drop and delayed recovery, leading to a substantial drop in mean monthly pediatric visits in the pandemic period (1148 (range: 927 to 1426 ) to 744 (range: 67 to 1130) (p-value <0.001)). The private practice showed not only a more attenuated drop but a more substantial recovery, with mean monthly visits returning to their previous trend of growth and increasing from a pre-pandemic average of 2956 (1970 to 4639) to an average of 3241 (805 to 6124 visits per month) (p-value = 0.55).

**Conclusion:** Unlike the private practice, Downstate visits declined more sharply and have yet to recover pre-pandemic levels. This difference in outcomes may be driven by differences in care model (academic/university vs. private practice), demographics, or socioeconomic status but represents a significant concern regarding a compounding health disparity based on the location of care.