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Conference Abstract

Exploring patient beliefs and perceptions about sustained use of telehealth

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Abstract

Introduction: Telehealth can provide considerable benefits to chronic heart failure (CHF) and chronic obstructive pulmonary disease (COPD) patients. The present study is part of the MALT (Mainstreaming Assisted Living Technologies) project, which is aiming to unlock the major obstacles to mainstreaming Assisted Living Technologies into health and social care services. One of these obstacles is patients refusing to accept telehealth or abandoning its use.

Aims: To explore CHF and COPD patients' beliefs and perceptions regarding telehealth. This paper will identify the barriers and facilitators patients face when deciding to adopt telehealth and the factors that influence sustained use of telehealth.

Methods: Semi-structured interviews were conducted with 27 CHF and/or COPD patients (14 females: age range = 53 to 87, mean = 71 years), who had previously been offered and accepted telehealth. Patients had been using telehealth from five months up to three years. All interviews were transcribed verbatim and analysed using interpretative phenomenological analysis.

Results: There were few differences in the beliefs and perceptions about telehealth reported by CHF patients, as compared to COPD patients. Patients were positive about telehealth and found it straightforward and simple, even if they had little experience of using other technological devices. Having somebody regularly checking their readings meant that telehealth gave most patients peace of mind over their health. Patients also reported that telehealth increased their access to healthcare, and they reported fewer hospital admissions as a result of healthcare professionals being able to review the results of self-testing immediately. Patients also expressed improvements in their self-management, due to having a greater responsibility for their own health. However, short-term users of telehealth tended to report less improvement in self-management, as compared to long-term users. Despite these positive aspects of telehealth, patients also reported that telehealth was impersonal and that it could never completely replace face-to-face-visits from a healthcare professional. Technical problems, including faulty equipment, inaccurate readings, and delayed data transmission were the main frustrations expressed by patients, although these were not regarded as a barrier as much as a temporary inconvenience.

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Conclusions: Users of telehealth are unsurprisingly positive about it and communicating the benefits of “peace of mind” and “increased healthcare” to patients who are unsure whether to take it up might be useful. Similarly, ensuring swift technical support is likely to facilitate sustained use. By facilitating long-term use of telehealth, patients could possibly receive additional benefits, which may not emerge from short-term use only. However, caution should be adopted when interpreting the results, as the research focuses only on current users of telehealth. The findings can now assist in the design of a tool to tailor service recruitment processes.

Keywords:

telehealth, chf, copd, sustained use

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