

Telehealth Readiness

Alliance for Building Capacity

Instrument Development in Telehealth Readiness

Presented by: Andora TK Jackson

Health Telematics Unit (HTU), University of Calgary

Telehealth Readiness

Alliance for Building Capacity

Alliance for Building Capacity: Research Team

Dr. Penny Jennett:

Professor and Head, Health Telematics Unit (HTU), University of Calgary

Dr. Theresa Healy:

Director of Research, Northern Secretariat, B.C. Centre of Excellence for Women's Health, University of Northern British Columbia

Dr. Arminée Kazanjian:

A/ Director, Centre for Health Services & Policy Research, University of British Columbia

Andora Jackson:

Ph.D. Student (Telehealth), Health Telematics Unit, Univ. of Calgary

Dr. Kendall Ho:

Associate Dean Continuing Medical Education, University of British Columbia

Dr. Robert Woollard:

Royal Canadian Legion Professor and Head, Family Practice, Faculty of Medicine, University of British Columbia.

Dr. Joanna Bates:

Associate Dean Admissions, Professor Family Medicine, Faculty of Medicine, University of British Columbia

Telehealth Readiness

Alliance for Building Capacity

Supporting Partners

Telehealth Readiness

Alliance for Building Capacity

Alliance for Building Capacity: Mandate

The ABC is focused on helping to bridge the health gaps often associated with geography, culture, and distance.

Telehealth Readiness

Alliance for Building Capacity

Motivation and Need

Substantial rural and remote Canadian population

15% in BC and Ontario, to 46% in the Atlantic region, and 59% in the territories

Share of Rural Population in Canada

Data from Statistics Canada, Demography Division, unpublished data

Rural: Non CMAA Regions

Region	1991 (%)	1996 (%)
Atlantic	46	46
Quebec	21	21
Ontario	15	15
Prairies	30	30
BC	15	15
Territories	59	59
Canada	22	22

(from Health Canada - Report on Rural Health Research Summit 1999)

Telehealth Readiness

Alliance for Building Capacity

Motivation and Need

The Canada Health Act

Universality,

Accessibility,

Portability,

Comprehensiveness,

Public Administration.

Rural Canadians experience a lower level of health than their urban counterparts.

(Report on the Rural Health Summit, 2000; Health Canada - Second Report on Health, 1999)

Telehealth Readiness
Alliance for Building Capacity

Motivation and Need

Importance of “human factors”—system success significantly depends on the user’s willingness to use the system *(Leonard-Barton, 1988)*

Significant failure rates (30% and higher) of large-scale IT project *(More, 1990)*

In hospitals, staff resistance and interference may be responsible for more than half of all information system failings *(Dowling, 1980; Lyytinen & Hirschheim, 1987)*

Telehealth Readiness
Alliance for Building Capacity

Motivation and Need

Economics - Huge investment in telehealth technologies

- Local, provincial, territorial and federal governments
- CHIPP, etc
- Professional organizations
- Telehealth industry

Telehealth Readiness
Alliance for Building Capacity

Telehealth Readiness
Alliance for Building Capacity

Telehealth as an Innovation

Telehealth: the use of information and communications technology to deliver health care, health education and health information over large and small distances.

Innovation: an “idea, practice, or objective perceived as new by an individual, a group, or an organization.” *(Rogers, 1983)*

Telehealth is innovation is change.

Telehealth Readiness
Alliance for Building Capacity

Change—Lewin

1. UNFREEZING

2. MOVING

3. REFREEZING

“new” Status Quo

Status Quo (FROZEN)

Telehealth Readiness
Alliance for Building Capacity

Diffusion of Innovation—Change in Motion

The process by which an innovation is adopted and gains acceptance by members of a certain community

Principal elements in diffusion of new ideas:

- An innovation
- Communicated through social channels
- Communicated over time
- Communicated among members of social system

(Rogers, Diffusion of Innovations, 1962, 1983, 1995)

Telehealth Readiness
Alliance for Building Capacity

Diffusion of Innovation
Characteristics of Innovation

- Relative Advantage
- Compatibility
- Complexity
- Trialability
- Observability

Telehealth Readiness
Alliance for Building Capacity

Readiness to Change

Individuals, organizations, and social communities are often at different levels of readiness to change.

Five stages of change:

- * precontemplation
- * contemplation
- * decision/determination
- * action
- * maintenance

(Prochaska and DiClemente)

Telehealth Readiness
Alliance for Building Capacity

Social Change

Consists of any modification in the social organization of a society in any of its social institutions or social roles.

Social Structure
Attitudes and Beliefs
Individual Perception and Motivation

Telehealth Readiness
Alliance for Building Capacity

Resistance to Change

- Power and Power Struggles
- Misunderstanding & Awareness Failure
- Lack of Trust
- Fear

Telehealth Readiness
Alliance for Building Capacity

Change—Lewin

1. UNFREEZING

2. MOVING

3. REFREEZING

READINESS

Status Quo (FROZEN)

"new" Status Quo

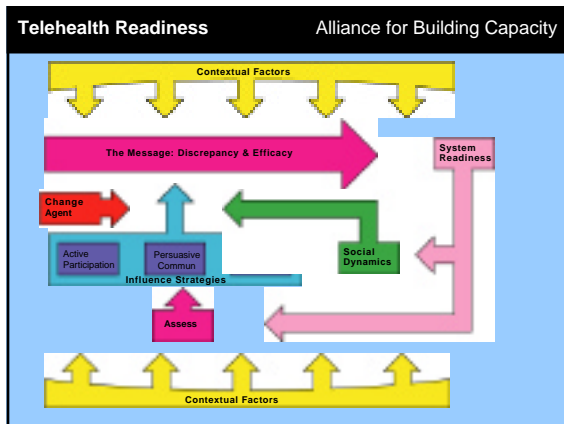
Telehealth Readiness
Alliance for Building Capacity

Readiness: Preparing for Unfreezing

Readiness is "the cognitive precursor to the behaviors of either resistance to, or support for, a change effort."
(Armstrong et al. 1993)

Factors for creating readiness found in:

- Cognitive, organizational, individual change theory
- Diffusion of Innovation
- Social-information processing
- Mass communications, and more...



Telehealth Readiness Alliance for Building Capacity

What is Telehealth Readiness?

Readiness is the degree to which a community is prepared to **participate** and **succeed** in the Telehealth.

- Telehealth Readiness** Alliance for Building Capacity
- Where to Start
- Change / Diffusion / Organizational / Resistance Theories
 - Social Information Processing Models
 - Organizational Readiness Modelling
 - Readiness for a Networked World
(Harvard University-Center for International Development: www.readinessguide.org)
 - Telehealth Interoperability Report
 - Rural Health Reports

- Telehealth Readiness** Alliance for Building Capacity
- Characteristics of Readiness: ICT
- ICT Infrastructure
 - Availability
 - Affordability
 - Hardware and Software
 - Service and Support
- Harvard University -- Center for International Development,
Information Technology Group

- Telehealth Readiness** Alliance for Building Capacity
- Characteristics of Readiness: Practitioner / Workforce
- Access to facilities
 - Human Resources/Training
 - Workflow practices
- An employee's perception of readiness for change reflects the organization's ability to make the desired changes successfully (Eby, et al. 2000).

- Telehealth Readiness** Alliance for Building Capacity
- Characteristics of Readiness: Patient / Public
- Access to technology
 - Integration of ICT into community (work, school, home)
 - Availability of culturally relevant content
 - Availability of medically relevant content
 - Role understanding

Telehealth Readiness Alliance for Building Capacity

Characteristics of Readiness: Policy

- Telecommunication policy
- Licensure
- Reimbursement
- Accreditation
- Privacy/Confidentiality

Telehealth Readiness Alliance for Building Capacity

Research Process - Scale Development

STEP 1: Determine Clearly What You Want to Measure

STEP 2: Generate an Item Pool

STEP 3: Determine the Format for Measurement

STEP 4: Have Initial Item Pool Reviewed By Experts

STEP 5: Consider Inclusion of Validation Items

STEP 6: Administer Items to a Development Sample

STEP 7: Evaluate the Items

STEP 8: Optimize the Scale Length

(DeVillis,1991)

Telehealth Readiness Alliance for Building Capacity

Research Process - Scale Development

STEP 1: Determine Clearly What You Want to Measure

Telehealth Readiness Alliance for Building Capacity

The Telehealth Community

Community includes:

- 1) rural/remote geographical communities
- 2) communities of “like” health providers and organisations
- 3) communities of patients who share a common problem
- 4) communities of multidisciplinary health team providers caring together for a patient group

Telehealth Readiness Alliance for Building Capacity

Methodology: Target Population and Sample

Target Population and Sample

Public, Patient, Practitioner - Organizational

Rural British Columbia (2 communities)

Patient (Cardiac Rehabilitation),
Public (Eating Disorder Support),
Practitioner (CME, clinical).

Telehealth Readiness Alliance for Building Capacity

Telehealth Readiness Modelling

The diagram illustrates the components of Telehealth Readiness Modelling. It features a large outer circle labeled 'ORG' (Organizational). Inside this circle are three overlapping circles: a red circle labeled 'PUBLIC readiness', a purple circle labeled 'PRACTITIONER readiness', and a green circle labeled 'PATIENT readiness'. The 'PUBLIC' and 'PRACTITIONER' circles overlap each other, and both overlap with the 'PATIENT' circle.

Telehealth Readiness Alliance for Building Capacity

Research Process - Scale Development

Key Informants: member of the social setting; expert sources

Public: public health services, community representatives

Patient: patients, online clinical care experts

Practitioner: patients, online clinical care experts

Organization: project administrators/managers, health authorities

Telehealth Readiness Alliance for Building Capacity

Talking to the Experts and Leaders

Experts have important roles in the Innovation Process:

Opinion leaders: informal influence over the behavior of others

Change agents: positively influence innovation decisions, by mediating between the change agency and the relevant social system

Change aides: complement the change agent, having more intensive contacts with clients, have less competence credibility but more safety or trustworthiness credibility

(Roger Clarke, 1999)

Telehealth Readiness Alliance for Building Capacity

Research Process - Scale Development

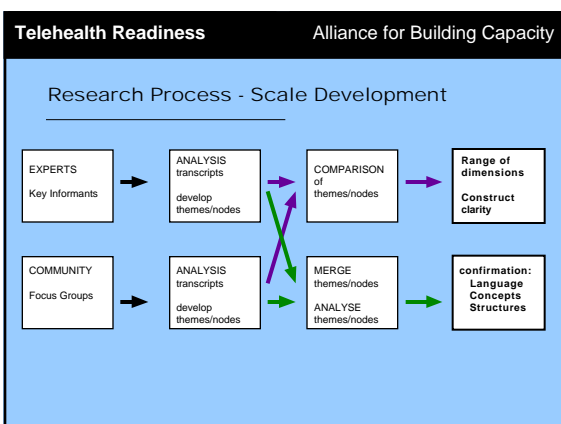
Focus Groups: Public, Private, Practitioner, Organization

Allow for an exploratory examinations of the nodes and items

Telehealth Readiness Alliance for Building Capacity

Research Process - Scale Development

STEP 2: Generate an Item Pool



Telehealth Readiness Alliance for Building Capacity

Finding the Latent Variable

Dr. Arminée Kazanjian, BC Office of Health Technology Assessment, University of British Columbia

- Comparators – finding comparison groups
- Achieving coordination
- Impact of concurrent system restructuring
- Increasingly complex options

Telehealth Readiness Alliance for Building Capacity

Research Process - Scale Development

STEP 3: Determine the Format for Measurement

- Thurstone scaling
- Guttman Scaling
- Likert Scale
- and more...

Telehealth Readiness Alliance for Building Capacity

Research Process - Scale Development

STEP 4: Have Initial Item Pool Reviewed By Experts

Telehealth Readiness Alliance for Building Capacity

The Experts

Dr. Joanna Bates, University of British Columbia
Tele-Cardiac Rehabilitation

Dr. Theresa Healy, University of Northern British Columbia
Eating Disorder Support via the Web

Dr. Kendall Ho, Dr. Bob Wollard, UBC;
Practitioner — clinical and CPD

Dr. Penny Jennett, UC
Organizations

Telehealth Readiness Alliance for Building Capacity

Core Readiness ?

Telehealth Readiness Alliance for Building Capacity

Andora Jackson
ajacks@andora.org

Health Telematics Unit:
Telehealth/Telelearning Scholarship and Training Program
At the University of Calgary

www.ucalgary.ca/md/TELEHEALTH

Telehealth Readiness Alliance for Building Capacity

Research Questions: General

What are the existing models/approaches to measuring community readiness?

What are the parameters/indicators of community-based readiness as applied to rural/remote areas?

What roles do communities and partners (i.e. public, private, professional sectors) play in developing successful models and strategies for building capacity and community readiness to adopt telehealth solutions?

*How **generalizable** and **scalable** are readiness models/approaches across rural/remote communities and applications?*

What is the impact of different levels of community readiness on the implementation and uptake of telehealth initiatives?