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A Readiness Model for Telehealth: Can we pre-determine how prepared 'communities' and users are?

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Presentation

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A READINESS MODEL FOR TELEHEALTH

Can we pre-determine how prepared “communities” and users are?

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Overview



1. Purpose and Rationale
2. Definitions and Concepts
 - Readiness
 - Community
 - Rural
3. Methods
 - Data Approach-collection, analysis, and organization
4. Results
 - Types of Readiness
 - Core, Engagement, Structured, Non-readiness
 - Factors within "Types"
 - Prominent Themes Across Communities
5. Perceived risks & Proposed solutions
6. Acknowledgements



Purpose



- To construct the “essence” of telehealth “readiness” for rural communities
- To present a framework of telehealth “readiness” for rural and remote communities



Rationale



- Health Status
- Geography 30.3%
- Culture
- Large Scale IT projects are associated with failure rates of 30% and greater
- Substantial IT investment



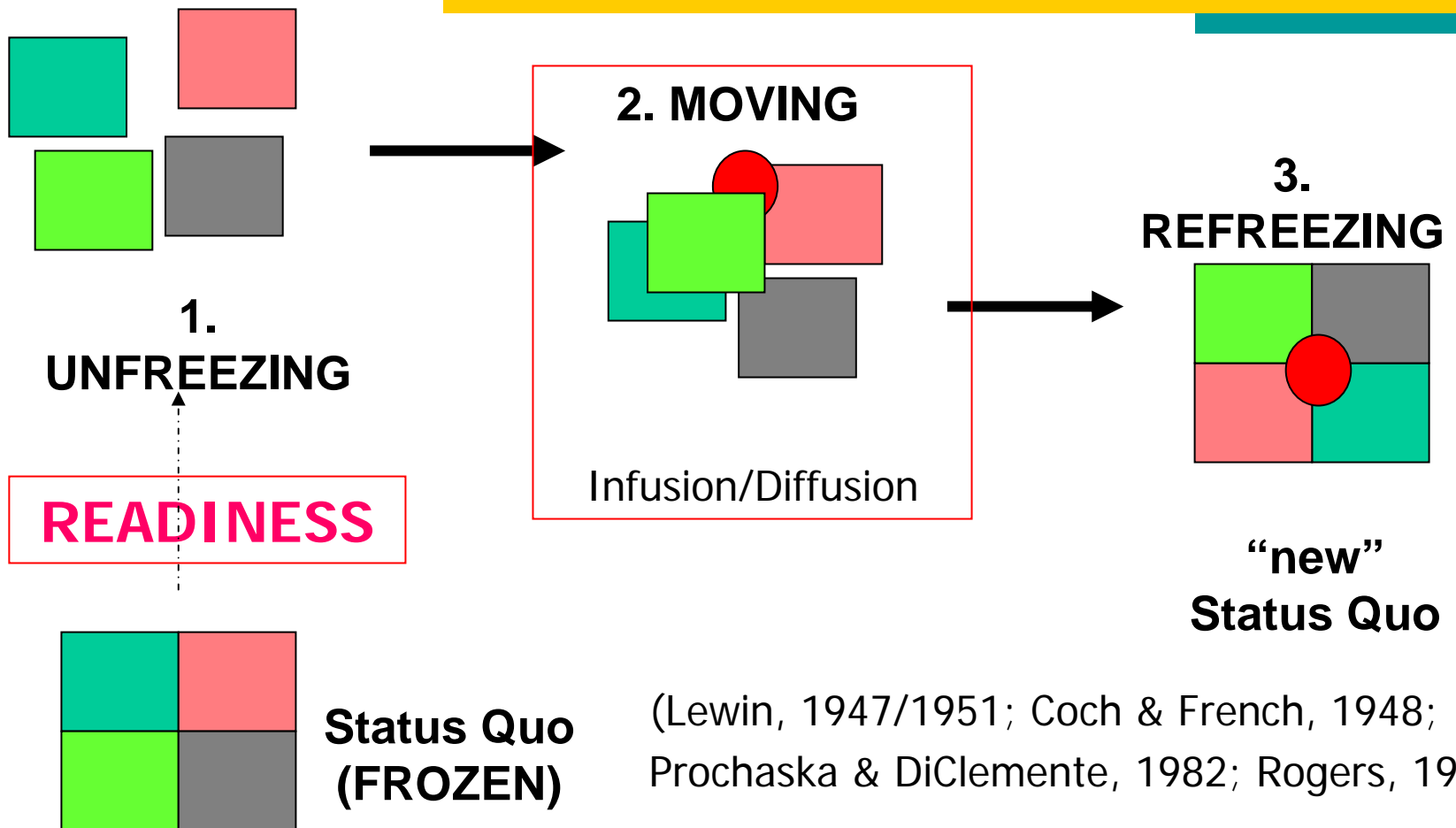
What is Telehealth Readiness?



Readiness is:

- the degree to which a “community” is prepared to **participate** and **succeed** in the Telehealth (Harvard, 2000).
- “the cognitive precursor to the behaviours of either resistance to, or support for, a change effort” (Armenskis et al., 1993)

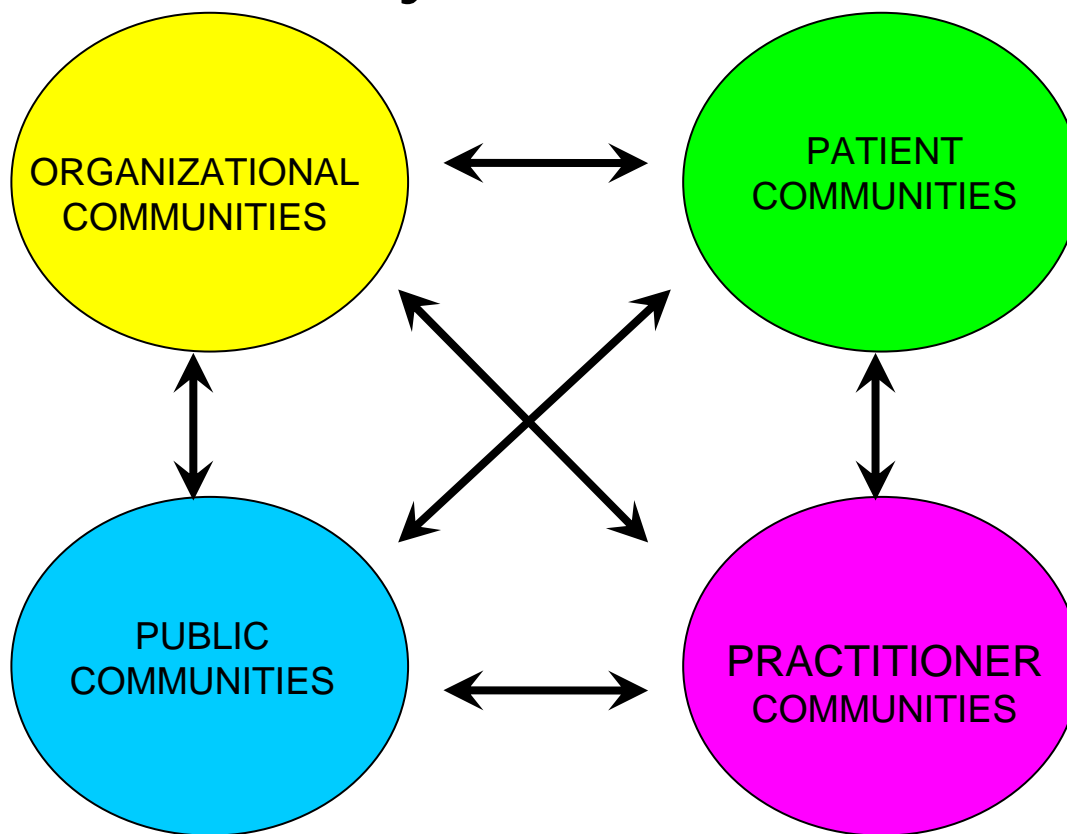
The Change Process



(Lewin, 1947/1951; Coch & French, 1948; Prochaska & DiClemente, 1982; Rogers, 1983)

Communities of Interest

Rural Community



(Taggart, 1997)



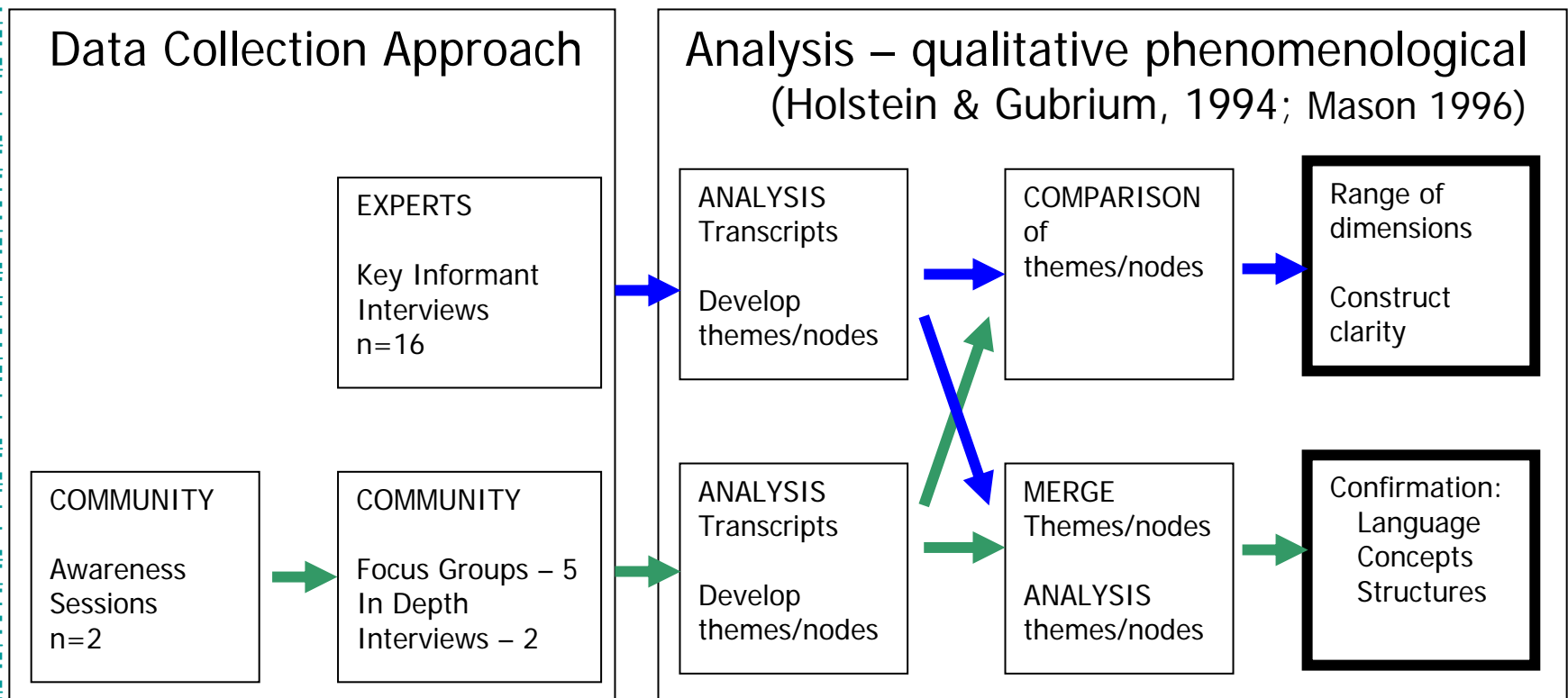
Rural



Health Canada divides rural areas into:

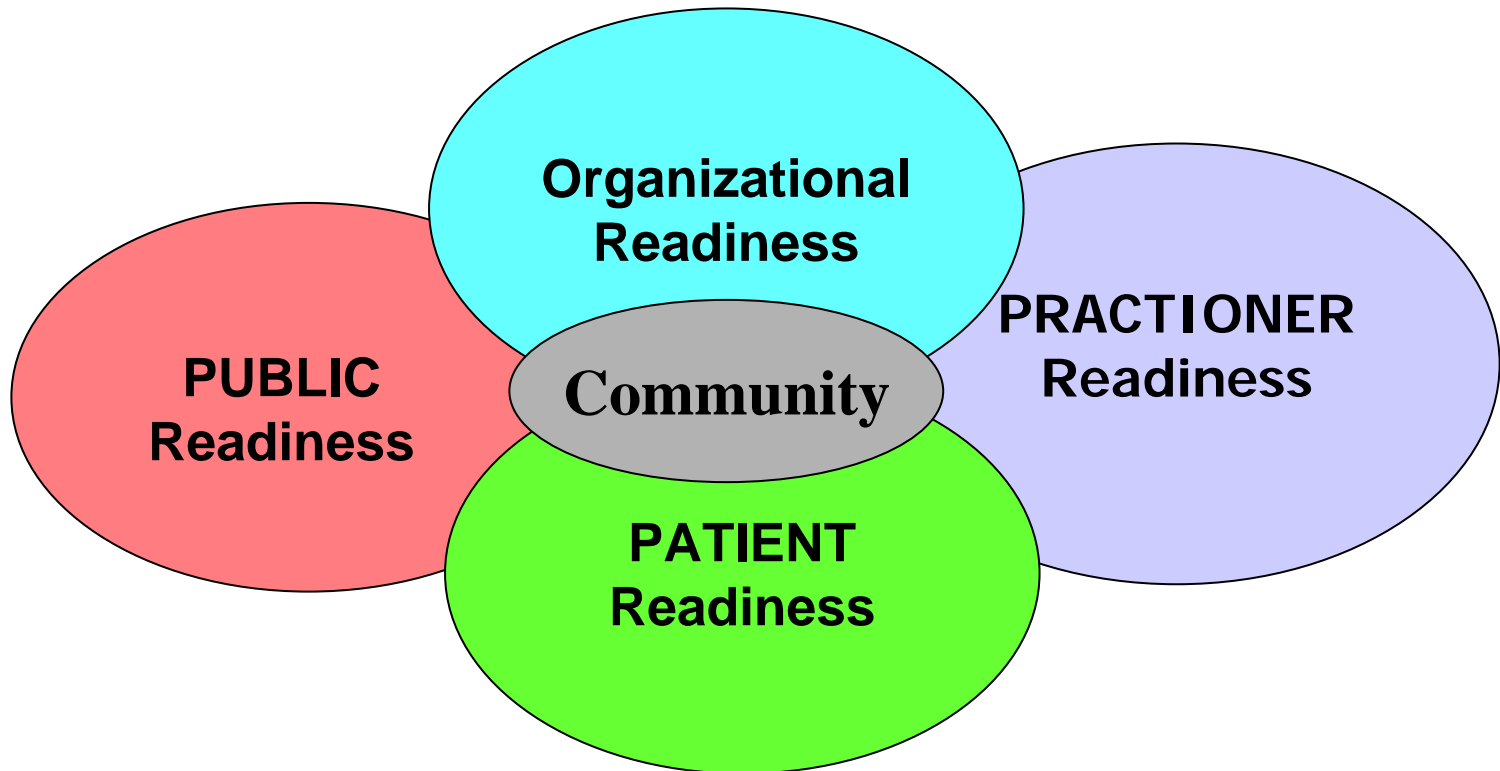
- Rural metro-adjacent
- Rural heartlands
- Rural northern/remote
 - (Lyons & Gardener, 2001)

Data Approach & Analysis



Adapted from Hyde, Christine, Midmore, (2002)

Results





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Results

Types of Readiness



1. Core

- Identification of need; Dissatisfaction with status quo

2. Engagement

- Questioning; Risk assessment

3. Structural

- Building of efficient structures & supports (people, technical, training)

4. Non-readiness

- Lack of need; Failure to recognize need



Results - Factors within “Types”



Examples of Engagement:

Patient

- Knowledge about what exactly telehealth is
- Knowledge about benefits
- Fear of damaging equipment
- Gender
- Privacy concerns
- Availability/reliability of content that fits rural culture
- Address concerns about telehealth replacing current services
- Sense of ownership

Practitioner

- Innovators; champions
- Sense of curiosity
- Peer influence
- Evidence of utility
- Inter-group cooperation (practitioner and other domains)
- Intra-group cooperation (between practitioners)
- Communication
- Openness; respect for others
- Willingness to make initial investment in time



Results Prominent Themes within the data



- Core readiness
- Assessment of risk
- Projection of benefits
- Structural readiness & responsiveness
- Education & awareness
- Intra-group & inter-group dynamics



Perceived Risks & Proposed Solutions



Practitioner

- Perceived Risk
 - Content/information provided via telehealth will be unreliable or irrelevant to practice
- Proposed Solution(s)
 - Consult with practitioners about content to increase confidence
 - Allow active participation in design of applications



Perceived Risks & Proposed Solutions



Patient

- Perceived Risk
 - Patients will be unable to use applications due to lack of technical skills
- Proposed Solution(s)
 - 1:1 training in home-based applications
 - Easy to use applications (i.e. one touch operations)
 - Lower technology levels (i.e. phone rather than computers)
 - Supplying organization provides technical support and assumes responsibility for technical failure



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