
CONFERENCE ABSTRACT

The challenge of involving elderly patients in primary care by using an electronic communication tool with their professionals: a mixed methods study

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Rolien de Jong^{1,2}

1: Hogeschool Utrecht, Utrecht, Netherlands

2: University of Amsterdam, Amsterdam

Introduction

Elderly patients in primary care often have multiple health problems, with different healthcare professionals involved. For consistency in care, it is required that communication amongst professionals and patient-systems (patient and informal-carers) be well tuned. Electronic-communication can make it easier for patient-system to be active in care.

The objective was to examine whether an e-communication tool (Congredi) designed for professionals, including a care plan and secure e-mail, is usable for patient-systems and what their experiences are.

Methods

In a multi-method study based on the e-health enhanced chronic care model (eCCM), home-dwelling elderly patients with two or more professionals were invited to use Congredi; data were gathered from the system after 42 weeks. Also semi-structured interviews were undertaken with patient-systems with topics retrieved from literature. Analysis took place by two researchers independently; the themes were extracted together by consensus.

Results

Data about actual use of the tool were gathered from 22 patients. Four profiles of Congredi-users were distinguished, varying in intensity of use. Data from interviews with members of patient-systems (n = 7) showed that they were motivated and able to use Congredi. Barriers in daily use were limited participation of professionals, unanswered e-mail and not being alerted about actions. Despite limitations, patient-systems retained their motivation.

Discussions

Adoption of a technological intervention generally starts with a small group, as we found in this study. The general findings show that almost half of the patient-systems that logged in were hardly active. Concerning barriers and facilitators for active use we hypothesized that the active group could be the same group that presented themselves for an interview; children of the patients. Technical issues and professional jargon did not seem to be a barrier. Tailoring of the intervention was reported in the interviews to facilitate usage.

Conclusions

Congredi was usable for patient-systems. The barriers found seem not to be tool-related but primarily user-related. An important barrier for daily use was limited active participation of involved professionals in a complete feedback loop. Potential for future implementation was found, as patient-systems were intrinsically motivated for better feedback with the professionals, even though in this study it only partly met their expectations.

Lessons learned

The professional-patient communication patterns need attention with e-communication, due to changing roles and expectations. Focus on early adopters when implementing a new technological intervention, for effective knowledge building.

Qualitative research enriches the quantitative findings and guides further development.

Limitations

The number of active patient-systems was a limitation in this study.

A factor could be that professionals could have used the e-communication tool better.

Concerning patient-factors we focused primarily on topics known from the literature and did not perform sophisticated qualitative analyses. No other topics evolved in the interviews.

Suggestions for future research

Qualitative research on why and when patients use e-communication and what it means to them.