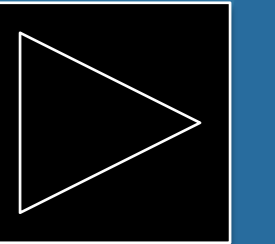


# Another arrow in the quiver of care: PCP perspectives on telemedicine for adults 65+

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## Introduction

- Use of telemedicine for delivery of primary care has increased, particularly for adults  $\geq 65$  years
- Little is known about how to best operationalize telemedicine for the primary care of older adults
- Aimed to learn from primary care clinicians (“PCPs”) their thoughts on the use of telemedicine in the care of adults  $\geq 65$  years

## Design and Setting

- Cross-sectional web-based REDCap questionnaire of all PCPs affiliated with one large health system in Boston between Sept. 2020 and Feb. 2021
- Received a list of all 383 PCP emails from the health system

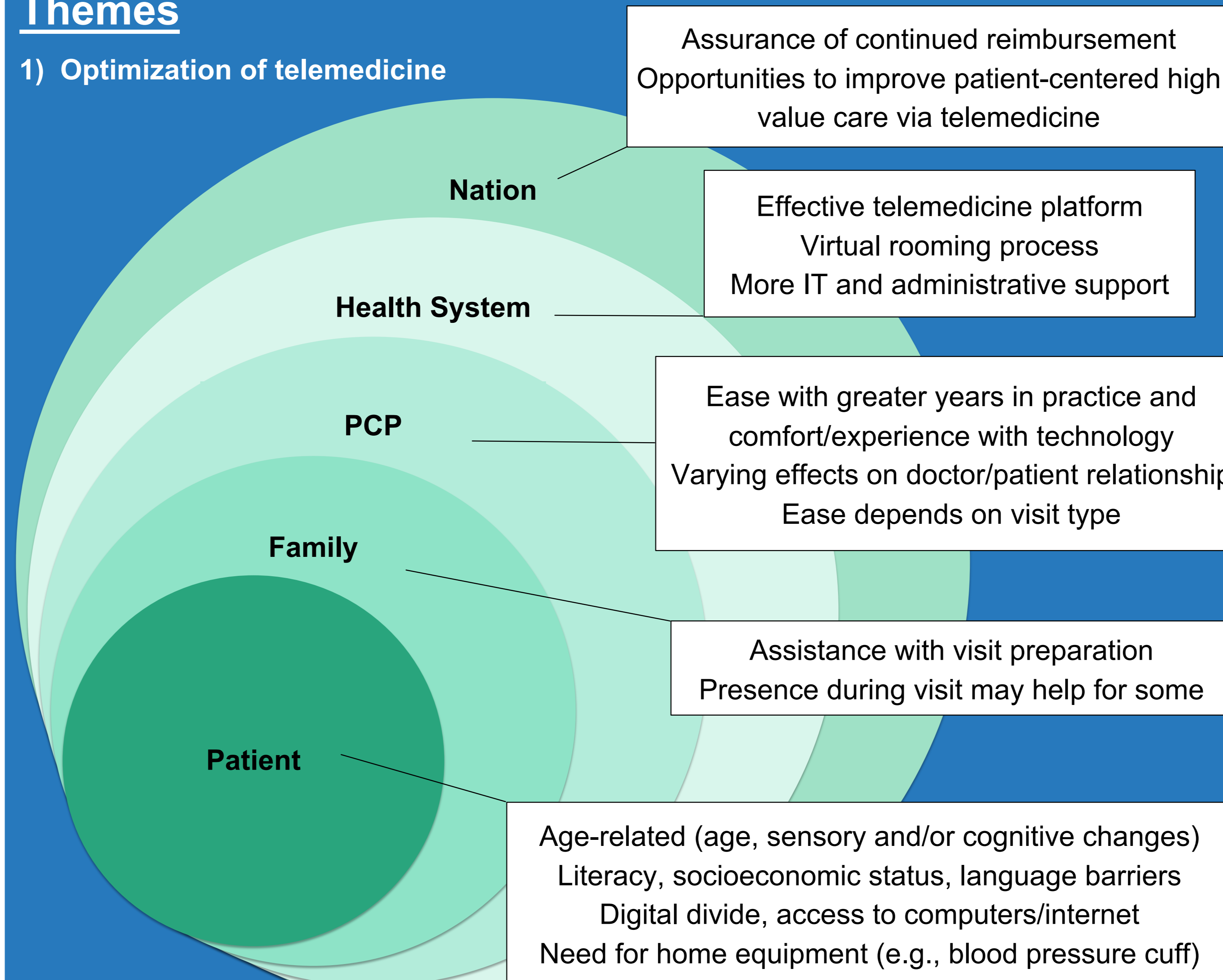
## Methods

- Questionnaire included both open-ended and closed-ended questions about PCPs’ experiences providing telemedicine to adults 65+
- This study focused on PCP responses to the 5 open-ended question
- Conducted a thematic analysis to identify themes in participants’ open-ended comments
- Codes emerged from the text
- Organized codes to reflect major themes

Sample Characteristics	n (%)
Female	67 (58%)
Non-Hispanic White	93 (81%)
Community-based	87 (76%)
>20 years in practice	83 (72%)
Total	115 (100%)

## Themes

### 1) Optimization of telemedicine



### 2) Integration of telemedicine

Better for chronic disease management than acute care	“This is a useful modality for maintenance and surveillance of chronic conditions, however without in person care, new diagnoses are difficult to assess fully”
Needs to be more efficient	“Implementation needs to be simple, single click sign on with minimal technology knowledge required”
Video is essential compared to phone	“Video essential for all [telemedicine] visits- enhances understanding and trust and collaborative care to make eye contact, note body language, also [assessing] home [background is] helpful”
Opportunities to make care more patient-centered	“This [has] been an incredible convenience for patients who can’t travel to the practice or are fearful of coronavirus”
Advance prep needed for Medicare AWW	“Would be helpful to have patients fill out forms and get vital signs done prior to visit”
Need for continued reimbursement	“It will have to be appropriately reimbursed and supported by office staff”

### 3) PCP attitudes vary towards telemedicine

Effects on doctor-patient relationship	Strengthens:	Weakens:
	“I have enjoyed seeing people through video. The visits are more likely to start on time so I find them less stressful than in person visits. More relaxed. Also, I love to see patients in their homes”	“It is not good medicine. You can’t take care of the whole patient without laying hands on them and listening to their heart etc.”

## Conclusions and Future Implications

- Multiple levels at which to improve the provision of telemedicine in primary care for older adults
- Opportunities for integrating telemedicine in primary care, particularly with chronic disease management
- Future work should aim to improve telemedicine for: specific visits types, older adults who have transportation challenges, and/or PCPs who are interested in continuing to use telemedicine
- Need to ensure patients receive the training they need for telemedicine and have video capability

## Limitations

- One geographic location
- Perceptions may be quickly changing
- We surveyed PCPs at one point in time