Perspectives and experiences of Health Professionals on the implementation and use of telehealth for COPD services: *towards personalised and holistic support*

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Background:

COPD:
• big global financial burden[1]
• early recognition of exacerbations lead to better patient outcomes: increased quality of life and decreased hospital admissions[2]

Telehealth use in COPD:
• promoted to increase self-care and decrease healthcare resources
• barriers exist to adopting and sustaining use

Refs:
1 World Health Organisation. The Global Burden of Disease, 2004 update. Switzerland: World Health Organisation, 2008
2. Wilkinson TM, Donaldson GC, Hurst JR, Seemungal TA, Wedzicha JA. Early therapy improves outcomes of exacerbations of chronic obstructive pulmonary disease. Am J Respir Crit Care Med. 2004;169(12):1298-303.

Aim:

To understand perspectives and experiences of Health Professionals (HPs) in delivering care and implications for future design and delivery of telehealth

Objectives
1. Explore HPs' experiences of implementing and sustaining technologies in UK health settings
2. Explore HPs' views on the challenges of managing patients with COPD and the potential for [further] technology based solutions in their area of care.

Methods:

Sampling	Data Collection	Analysis
• Purposive maximum variation sample • HPs from 6 NHS sites in the North West of England (primary and secondary care) • Variety of settings and HP roles were recruited (strategic/leadership and front line care staff)	• Two focus groups • 11 semi-structured interviews • All audio recorded and transcribed verbatim	• Thematic approach • Advisory group, comprising people with COPD and HPs

Results:

• 21 HPs consented into study 16 female, 5 male)
• 16 had direct experience of telehealth
• Roles: front line care workers (e.g. specialist respiratory nurses, respiratory consultants, community matrons) and HPs in 'strategic' roles (e.g. long term condition leads or technology leads; one respondent had a commissioning role)

Thematic map identifying the overarching themes and subthemes:

Theme1: Respondents presented conflicting perspectives regarding telehealth as increasing a passive role and increased dependency amongst patients versus telehealth as enabling empowerment for self-management and independence. Through a process of experiential learning, respondents identified a need to move away from a 'technology' centred approach and a move towards a patient centred approach of telehealth implementation.

Theme 2: Professional values and professional identity linked to respondents' understanding of what it meant to provide 'good care'. HPs were dismissive of telehealth that focused reductively on biometric data as this went against professional values regarding holistic support. Respondents in more strategic roles highlighted how organisational pressures impacted on their use of technology and discussed the need for efficiency through the use of technologies.

Theme 3: HPs reported treating a diverse group of patients (e.g. patients often have multi-morbidities, different stages of COPD etc.) so highlighted importance of treating individual and not disease. Previous iterations of telehealth were often targeted at high need patients but most felt this was wrong cohort of patients to target as did not lead to meaningful reduction in their level of care needs and did not realise efficiency savings. Approach had changed to target patients with less need to try to make a difference in their self-care. Also reported need to have more than one telehealth solution and areas were now developing technology strategies.

Conclusion:
The work identifies that HPs' previous experiences reflected a generalised approach to delivering telehealth that often failed to consider the holistic needs of patients which was perceived to be fundamental to providing high quality and safe care. Such experiences were presented as barriers to adoption and highlights the need for increased tailoring and personalising of telehealth care. This is consistent with a 'holistic' approach to care that aligns with respondents' professional values and professional identity.