

Abstract

Identifying Feasible and Impactful Approaches to Implementing Telehealth in Rural Washington Communities: Group Concept Mapping Study

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Abstract

Background: The expansion of telehealth use during the COVID-19 pandemic increased access to health care services for many US residents. This is particularly true for provider-to-patient telehealth communication. In rural communities, telehealth can increase access to health care services that would otherwise be limited due to geographic and distance barriers. The adoption of telehealth in rural communities, however, has been hindered by technology barriers, lack of community awareness, and lack of provider buy-in. The purpose of this study was to explore community-identified approaches to improving telehealth access in rural North Central Washington.

Objective: The aim of this study was to identify, group, and rate approaches to expanding and integrating telehealth in rural communities in North Central Washington.

Methods: We used group concept mapping, a participant-engaged, mixed method approach, to explore participant perspectives and preferences. Purposively sampled participants were community leaders and stakeholders in rural North Central Washington. Participants brainstormed strategies for implementing and expanding community telehealth access in their community and sorted them into conceptually similar groups. Strategies were then rated by participants in terms of potential impact, feasibility, and the cost of implementation. Quantitative analyses included multidimensional scaling and hierarchical cluster analysis to produce a cluster map and pattern match graph for interpreting the community members' ideas and preferences.

Results: Participant brainstorming yielded 70 strategies for implementing telehealth in rural North Central Washington. Strategies were individually sorted into groups (point map stress value 0.21), producing a 6-cluster solution. The clusters were "Community infrastructure," "Ensuring access to telehealth technology," "Technology infrastructure for telehealth," "Training/awareness of telehealth," "State- and policy-level considerations," and "Health care systems engagement and delivery." Participants rated "Training/awareness of telehealth" and "Health care systems engagement and delivery" to be highly impactful and feasible approaches. The "Training/awareness of telehealth" cluster included strategies such as educating community members that telehealth is an easy, reliable, convenient, and private way to access health care and providing community training on how to access health care remotely. The latter cluster, "Health care systems engagement and delivery," included approaches that were ranked as highly feasible and impactful, such as engaging with clinics and providers on overcoming barriers to implementing telehealth services or ensuring that local health clinic staff is on board with telehealth as an alternative platform to provide services.

Conclusions: Strategies identified and rated by participants incorporate the importance of community engagement in telehealth implementation, including educating community members about telehealth and engaging with community health clinics to facilitate use by providers. Community partners in North Central Washington will use these findings, along with additional community survey data, broadband speed test data, and provider input, to increase access to telehealth in their rural and remote communities.

Conflicts of Interest: None declared.

(*iproc* 2022;8(1):e39427) doi: [10.2196/39427](https://doi.org/10.2196/39427)

KEYWORDS

telehealth; group concept mapping; community engagement; rural

Edited by S Pagoto; this is a non-peer-reviewed article. Submitted 09.05.22; accepted 25.06.22; published 06.07.22.

Please cite as:

Graves JM, Hoard S, Anderson B, Harris KD, Sanders CM

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iproc 2022;8(1):e39427

URL: <https://www.iproc.org/2022/1/e39427>

doi: [10.2196/39427](https://doi.org/10.2196/39427)

PMID:

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