

Abstract

Provider and Older Patient Responses to Rapid Expansion of Telehealth in an Urban Cancer Center: Mixed Methods Critical Incident Evaluation

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Abstract

Background: Synchronous video visits (“telehealth”) were rapidly adopted by many cancer centers across the nation to facilitate provision of care during the COVID-19 pandemic; however, in many cases, there was little time to comprehensively assess patient and provider needs related to this rollout. In addition, attitudes toward telehealth use among older patients with cancer, who may face increased vulnerability to inequities in access to care due to limited digital literacy, were largely unknown at that time.

Objective: The objectives of this concurrent mixed methods study were to (1) assess stakeholder experiences with telehealth since its rollout during the COVID-19 pandemic at an urban comprehensive cancer center and (2) solicit suggestions to optimize workflow and enhance telehealth implementation beyond the pandemic.

Methods: We conducted surveys and critical incident interviews with providers, staff, and older patients (aged ≥60 years) from a comprehensive cancer center in a large urban area. Data collection occurred from December 2020 to November 2021. We analyzed survey data using descriptive statistics and qualitative data using deductive and inductive thematic content analysis facilitated by NVivo 12.0 (QSR Australia).

Results: We completed a total of 106 provider or staff surveys, 128 patient surveys, 20 provider or staff interviews, and 14 patient interviews. While the majority (70.7%) of surveyed providers and staff agreed or strongly agreed that the technology used to support telehealth visits at Simmons fit well within their clinical workflow, several suggestions were offered to enhance telehealth implementation, including conducting proactive, systematic training and technical assistance; making appointment scheduling and rooms flexible for in-person or telehealth conversion in real time to streamline workflow; expanding availability of telehealth to supportive care services and physically frail patients; and increasing provider engagement via telehealth meetings and conferences. Less than a third (30.8%) of providers or staff agreed or strongly agreed that the institution did a good job of preparing patients for their first telehealth encounter, and patients reported experiencing challenges with joining video visits (29%) and understanding the telehealth process (28%). Participants suggested several strategies to assist patients with limited digital literacy, including offering video tutorials of the connection process, creating “fake appointments” to practice web-based connections, and hiring a digital navigator to assist with technical difficulties and setup of the web-based portal. Despite challenges, a majority of surveyed patients (65.7%) and providers or staff (76.9%) intend to continue using telehealth after the COVID-19 pandemic passes.

Conclusions: Use of telehealth for cancer care was received positively by older patients and providers or staff. Taking targeted steps to support enhanced implementation post pandemic could reduce barriers to care, including among older adults and other populations with limited digital literacy, thereby promoting greater equity of access to telehealth and the potential benefits it offers.

Conflicts of Interest: None declared.

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KEYWORDS

coronavirus; COVID-19; implementation; health services delivery; qualitative; digital literacy

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