

Emergency, Geriatric and Primary Care Physician Views of Telehealth for Special Populations of Older Adults: A Multiple-Methods Study

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Abstract

Background & Aim: During the COVID-19 pandemic, physicians have increasingly adopted telemedicine, presenting unique challenges and opportunities to expanding care for their older patients. In this multiple-methods analysis, we assessed how frontline physicians perceived the utility of telehealth for older adults with sensory or cognitive impairments, mobility challenges, and for those receiving end-of-life care.

Methods: We conducted a three-phase, multiple-methods study of US emergency, geriatric, and primary care physicians. Phase 1 involved semi-structured interviews with 48 physicians on their views regarding delivery considerations of, motivations for, and physician-level experiences using telehealth with older adults. In phase 2, we used these qualitative findings to generate a web-based cross-sectional survey and administered it to physicians across these same three specialties. In phase 3, we reintegrated qualitative data to enrich survey results.

Results: We identified three key findings from the 74 physicians in Phase 2: (1) 50% of emergency physicians, 33% of geriatricians, and 18% of primary care physicians considered telehealth to be a poor substitute for providing end-of-life care; (2) for hearing, vision, and cognitive impairments, 61%, 58%, and 54%, respectively, saw telehealth as a good or fair substitute for providing care; and (3) 98% indicated that telehealth was a good or fair substitute for in-person care for those with mobility impairment.

Conclusion: Preferences and comfort using telehealth with older adults vary between emergency, geriatric, and primary care physicians. Telehealth may be more appropriate for certain populations, such as older adults with mobility challenges, but less suited for clinical contexts such as end-of-life conversations in the acute setting. Specific clinical contexts and patient populations will require tailored telehealth adaptations to ensure physicians can provide high quality care.

Clinical Implications: Policymakers and administrators should consider physician comfort with telehealth and patient-specific needs, particularly for vulnerable older adults, as they start to expand telehealth programs.