

Community-Based Telehealth Kiosks: First Impressions

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Abstract

Community-based, multi-user telehealth interventions may be especially relevant for older adults who have multiple chronic illnesses and live in congregate settings such as naturally occurring retirement communities (NORCs). This mixed methods study explored implementation of a communal telehealth application in an urban NORC. This poster presents the first impressions of residents and community case managers.

Introduction

Telehealth holds great potential to improve the care of persons with chronic illness by virtue of its capacity to facilitate health information seeking, clinical monitoring, and virtual office visits across geographic distances¹. Although mounting evidence suggests that such technologies are user-friendly and beneficial when used in private homes²⁻⁴, little is known about the acceptability and effectiveness of community-based, multi-user telehealth interventions. This project explored the feasibility and value of a multi-user telehealth device within a naturally occurring retirement community (NORC).

Methods

This mixed methods feasibility study implemented a Viterion 500 telehealth kiosk in a HUD-subsidized NORC located in Pittsburgh for resident blood pressure and weight self-monitoring. This NORC is part of the UPMC Living at Home program, which provides free case management for residents. Thirteen of the forty-three building residents (30.2%) and three case managers (100%) were recruited.

Prior to implementation, focus groups (residents) and interviews (community case managers) examined preconceptions regarding a community-based, multi-user telehealth kiosk. Data transcribed from these sessions were coded (KC, JL and EO) using a constant comparative technique from the Grounded Theory qualitative tradition⁵.

Results

The case managers were very excited about the kiosk's healthcare potential. Overall, the residents

seemed to value the concept of the kiosk but were noticeably focused on the human experience of their healthcare. While receptive to this new technology, they didn't want to divert focus on the need for improved human relations in the healthcare system. Specific findings regarding potential implementation barriers from residents and case managers are detailed in the poster.

Conclusion

These issues and problems serve as the context for kiosk implementation. Better integration of telehealth applications into the ambulatory health care system will need to be addressed in future telehealth project designs. Post-implementation focus groups and interviews are underway.

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