

ABSTRACT

Objectives

- Assess barriers and incentives for telehealth adoption among physicians in Washington Heights and Harlem.

Methods

- Internal and external code generation followed Directed Content Analysis. Conclusions drawn from matrix building and thematic analysis were verified with negative evidence searches and if-then tests. Robust investigations for outliers and rival explanations in the responses were used to disconfirm findings.

Results

- Barriers included device, infrastructure, and interaction. Incentives included efficiency, reimbursement, and screening

Conclusions

- Telehealth tools can be used to improve clinical flow and identify high probability, low acuity conditions that can be safely triaged with a video visit.

BACKGROUND

- Physicians consider safety, convenience, adherence, and efficacy when deciding to use new medicines or interventions in their practice.
- This research ensures physicians from diverse groups in New York City have their voices elevated, so that the barriers and incentives for telehealth adoption are fully understood from a community context.
- With the constant practice evolution due to pandemic response, and emphasis on health and safety of all our vulnerable communities, telehealth will be a necessity for many people.
- As technologists and researchers develop these new tools, physicians and health care workers should have an honest discussion of barriers and incentives to ensure appropriate adoption.
- This research is the connection of physicians' needs and thoughtfully designed technology for the telehealth changes that will occur in the coming years.

OBJECTIVES

- To assess barriers and incentives for telehealth adoption among physicians in Washington Heights and Harlem.
- Identify benefits and flaws of incorporating telehealth tools into physician practice.
- Explore use cases for telehealth tools in medical systems.

METHODS

- Responses from physicians were transcribed and entered into NVivo.
- Internal and external code generation followed Directed Content Analysis, whereby literature review of telehealth adoption and incentive strategy research generated codes.
- Written analytic memos were completed after each coding round to interpret themes developing in the data.
- Outliers and rival explanations were actively sought in responses to disconfirm findings. Secondly, making if-then tests formalized propositions for testing in the responses.

RESULTS

Code	Description	1st/2nd Pass
Access	Ability to make use of a tool or resource	1st
Adherence	Continual compliance with a recommendation or protocol	2nd
Barrier	Physical or digital barrier to patient care	1st
Convenience	Quality of tool or resource to save work or improve comfort	2nd
Cost	Amount of money associated with a tool or resource	1st
Incentive	Factor motivating use of a tool or resource	1st
Infrastructure	The foundation for other tools or resources to connect or interact	1st
Needs	Requirements for operation, safety, or health	1st
Perspective	Insight provided by physician first-hand experience with patients	1st
Quality	Spectrum of working condition for physical or digital tool or resource	1st
Recommendation	Summary statement based on first-hand experience to improve practice or process	2nd
Technology	Tool, device, or resource that is enabled by internet communication or digital user interface	1st
Time	Measured interval between start and end of a patient visit	1st
Efficiency	Output of a tool or resource in consideration of the input required	1st
Reimbursement	Funds yielded to physician based on billable services provided	2nd
Interaction	Physical or digital communication between physician and patient	2nd
Device	Range of products that have uses for health, work, and multimedia	2nd
Screening	Act of differentiating patients based on acuity of health needs	2nd
Commute	Transit required to visit a clinic or health site	2nd

RESULTS

Themes		
	Barriers	Incentives
Subthemes	Device	Efficiency
	Infrastructure	Reimbursement
	Interaction	Screening

CONCLUSIONS

Barriers:

- Devices can be improved via software and hardware updates.
- Infrastructure can be improved by accounting for the physician and patient intake barriers from firsthand accounts of video visits.
- Interaction on video visits can be improved with increased audiovisual clarity and may also benefit from new considerations to account for body language.

Incentives:

- Telehealth tools allow for clinical flow efficiencies in practice.
- New reimbursement policies allow physicians to use, and be paid commensurate for, their telehealth services.
- Screening opens possibilities for low acuity triage capabilities and telehealth tool innovations (e.g. sub-conjunctival hemorrhage).

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