PROJECT INFORMATION

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Identifying Barriers to Telehealth Home-Based Palliative Care for Patients with Serious Illness -- The HomePal Study

Principal investigator

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Organization

Kaiser Foundation Research Institute

What was the project about?

Palliative care focuses on improving quality of life by preventing and treating suffering. Patients may find it hard to travel to a clinic for palliative care. In home-based palliative care, or HBPC, healthcare teams visit patients at home. Another way to provide HBPC is through telehealth. Telehealth provides care to patients remotely using phone, video, or other devices that can help manage care.

In this study, the research team first wanted to compare video visits and home visits for HBPC. But in this study, few patients and clinicians, such as doctors and nurses, used video visits for HBPC. The team then focused on learning about barriers to using video visits for HBPC.

What did the research team do?

The research team surveyed and interviewed 66 patients and 32 caregivers by phone one to two months after they signed up for the original study and again six months later. Eight months after the initial study started, the team surveyed 84 HBPC clinicians and interviewed 14 of these clinicians to get feedback about video visits. All surveys and interviews took place in the year before January 2020.

To collect more information about video visits, the research team looked at health records and held weekly meetings with patients, doctors, nurses, and health system senior staff. The team observed video visits and took notes. They also visited clinics.

The study took place at 14 Kaiser Permanente clinics in Southern California, Oregon, and Washington State.

Patients, caregivers, clinicians, and clinic staff helped design the study.

What were the results?

Of the patients and caregivers who took surveys about their care, 49 percent of patients and 38 percent of caregivers were very satisfied with video visits. Patients and caregivers stated that video visits offered an easy way to talk with doctors more frequently.

Patients preferred to first have an in-person visit with doctors. Having the first visit with their doctors in person made patients feel better about later video visits.

Barriers to using video visits included the following:

- Patients with limited hearing or vision who used video visits couldn't see the screen or hear the doctor well.
- The video didn't always work, which made meeting urgent, complex, or sensitive HBPC needs hard.
- Aligning nurses' and doctors' schedules to have video visits was hard.

What were the limits of the project?

The study took place in one health system. Results may differ in other health systems.

Future research could look for ways to address the barriers described in this study.

How can people use the results?

Researchers and hospitals can use these results when considering ways to use video visits for HBPC.

To learn more about this project, visit www.pcori.org/Nguyen392.