

The feasibility of an Ehealth platform in integrated care for DM2 and COPD/Asthma

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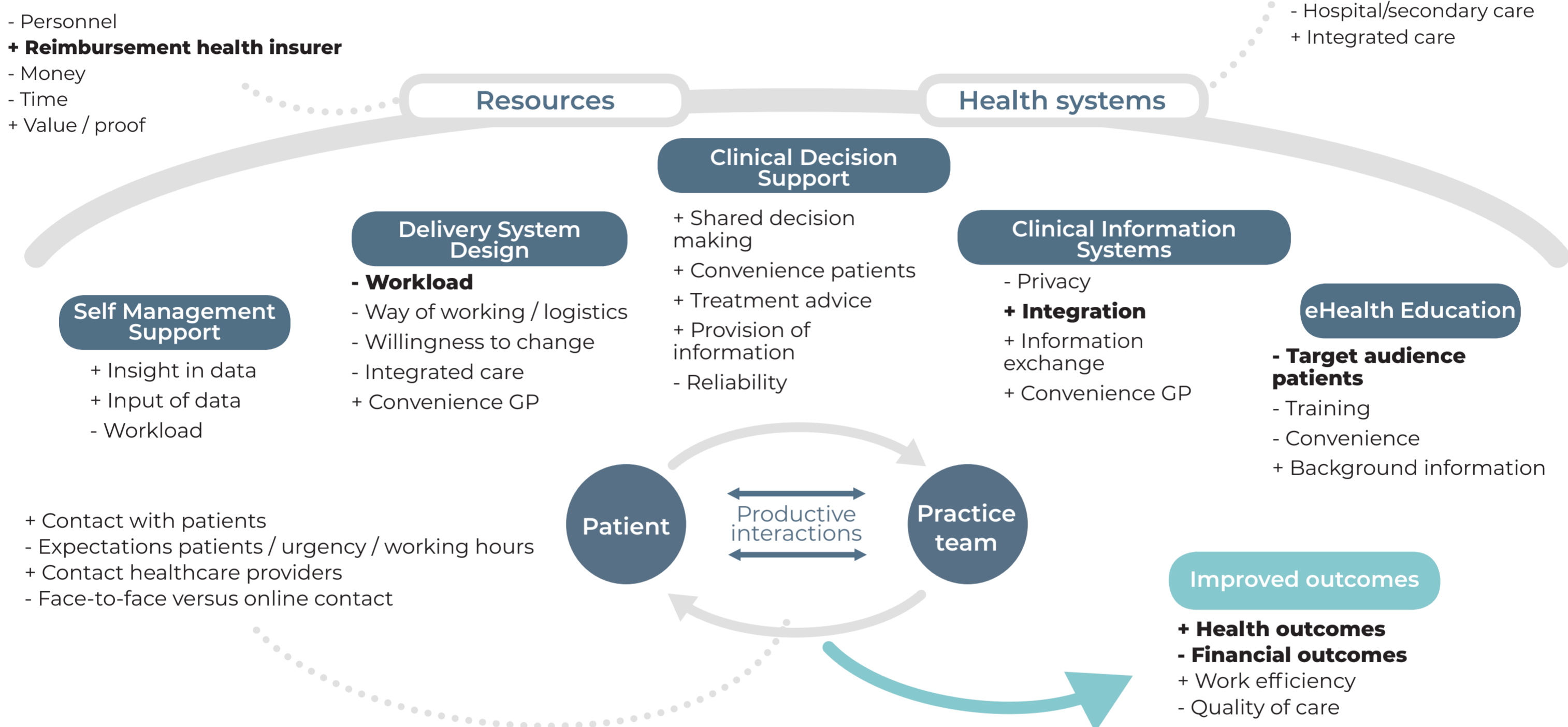
Introduction and aim

The aim of this study is to provide insight into the feasibility of an eHealth platform in integrated care for Diabetes Mellitus 2 and COPD/asthma in the Netherlands, by examining the general practitioner user demands via interviews.

- Ageing population + increase chronically ill patients
- Shift towards primary care
- Result: high pressure on GPs, defective information exchange, high needs of patients, personnel shortage, high healthcare costs.
- eHealth to reduce these problems

Methods

- Qualitative study design + interviews with 7 GPs.
- Thematic analysis of transcripts
- Understand demands in context of the *eHealth enhanced chronic care model*¹.
- Translate demands into facilitators and barriers for eHealth use.
- Use facilitators and barriers to reflect on feasibility.



Main findings

- *A few key barriers:* concerns about the workload, resources, financial aspects, the suitability for the patient group, and the low willingness to change.
- *Facilitators:* advantages for patients, facilitating accessible interaction methods, increasing the self-management of patients by providing evidence-based information and the possible increase of efficiency in work patterns.

Recommendation

For a more complete set of information about the feasibility of the platform further research is necessary regarding financial feasibility and patient user demands.

Implementation

Findings of this study might be useful in addressing the implementation strategy to the healthcare professionals' needs, values and attitudes, and consequently enhance the implementation of eHealth interventions in integrated care.

Conclusion

Overall, GPs acknowledged the value of an eHealth platform and were willing to use these digital services in integrated care for DM2 and COPD/asthma. So, based on GP user demands, it is feasible to implement and use the eHealth platform.

Roadmap / Future steps

