
San Marcos, Fall 2019

Research Day, San Marcos Campus

12-13-2019

Caregiver Perspectives on Telehealth: A Service Delivery for Occupational Therapy

Rebecca Johnston

University of St. Augustine for Health Sciences, r.johnston@usa.edu

Becki Cohill

University of St. Augustine for Health Sciences, bcohill@usa.edu

Susan MacDermott

University of St. Augustine for Health Sciences, smacdermott@usa.edu

Follow this and additional works at: <https://soar.usa.edu/casmfall2019>



Part of the [Occupational Therapy Commons](#)

Recommended Citation

Johnston, Rebecca; Cohill, Becki; and MacDermott, Susan, "Caregiver Perspectives on Telehealth: A Service Delivery for Occupational Therapy" (2019). *San Marcos, Fall 2019*. 11.
<https://soar.usa.edu/casmfall2019/11>

This Book is brought to you for free and open access by the Research Day, San Marcos Campus at SOAR @ USA. It has been accepted for inclusion in San Marcos, Fall 2019 by an authorized administrator of SOAR @ USA. For more information, please contact soar@usa.edu, erobinson@usa.edu.

Caregiver Perspectives on Telehealth:
A Service Delivery for Occupational Therapy

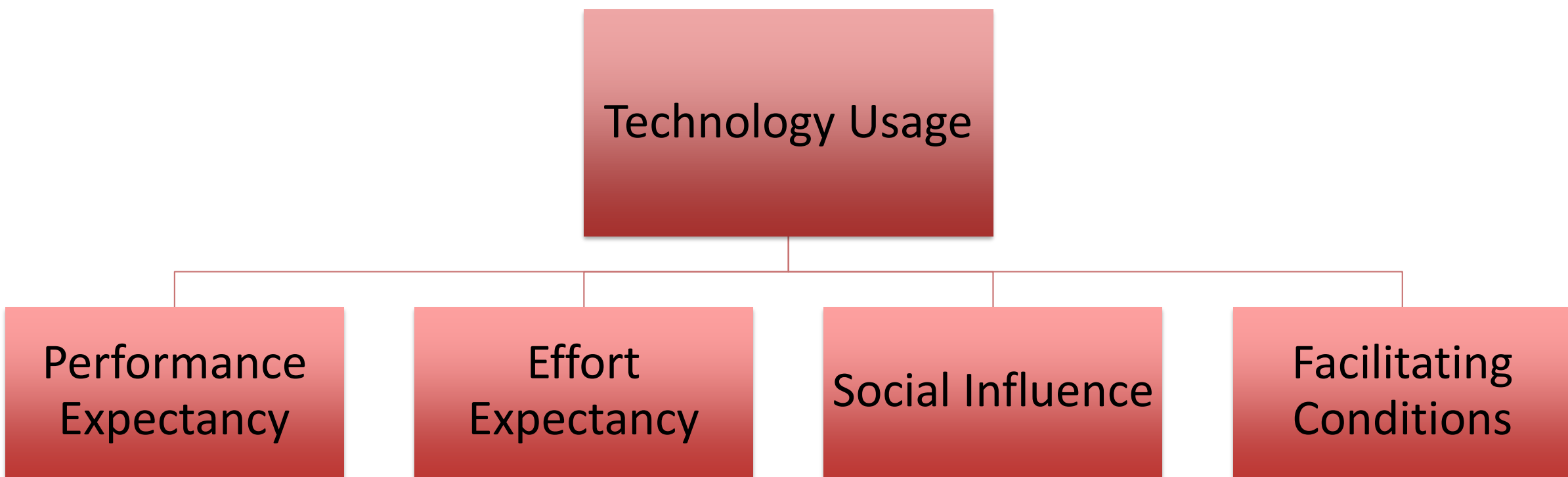
Rebecca Johnston, Becki Cohill, OTD, OTR/L and Susan MacDermott, OTD, OTR/L

BACKGROUND

Telehealth is a healthcare model that utilizes information and communication technologies to deliver services to a patient when the healthcare provider is not in the same location (WFOT, 2014). Occupational therapists use telehealth to “develop skills; incorporate assistive technology and adaptive techniques; modify work, home, or school environments; and create health-promoting habits and routines” (Cason, Hartmann, Jacobs, & Richmond, 2013, p. 69). Early intervention (EI) services “promote the development of skills and enhance the quality of life in infants and toddlers who have been identified as having a disability or developmental delay” (Cason, Behl, & Ringwalt, 2012, p. 1).

PURPOSE

The purpose of this capstone project is to investigate the perceptions of caregivers without telehealth experience in EI and to explore the perspectives of caregivers who have received EI telehealth services. This discussion is essential to continue to expand occupational therapy outreach in EI and across various populations via a virtual context.



OBJECTIVES

- Identify perspectives of caregivers without telehealth experience and identify perspectives of caregivers with telehealth experience through surveys and interviews.
- Outline reported themes in the responses to propose recommendations for future telehealth programs and to spread awareness of telehealth as a service model.

METHODS

- All participants were recruited by convenience sampling.
- Nine caregivers *without telehealth experience* participated by taking a fifteen question, mixed-methods survey through Google Forums.

Demographics: commute to medical provider, state, age of child, therapy type, length of services	What are your thoughts on using telehealth for you and your child?	What benefits do you think telehealth could offer you and your child?
What do you think could be potential barriers to receiving telehealth?	Do you think you would feel more engaged in therapy sessions using telehealth?	Would you be interested to try telehealth services for your child?

- Two caregivers *with telehealth experience* participated by taking a sixteen-question mixed-methods survey through Google Forums; one caregiver participated in a qualitative interview.

Demographics: commute to medical provider, state, age of child, therapy type, length of telehealth services	What are your perceptions of telehealth?	What benefits does telehealth offer to you and your child?
What barriers have you experienced with using telehealth?	Are you comfortable with carrying out the treatments with your child without the therapist in the same physical location?	Would you recommend telehealth to other families?

- Responses from caregivers were analyzed to determine common themes. The conclusions and application for future research and program development were integrated into educational presentations for San Diego Regional Center and HM Systems.

References

Cason, J., Behl, D., & Ringwalt, S. (2012). Overview of states' use of telehealth for the delivery of early intervention (IDEA part C) services. *International Journal of Telerehabilitation*, 4(2), 39-46. doi:10.5195/ijt.2012.6105
Cason, J., Hartmann, K., Jacobs, K., & Richmond, T. (2013). Telehealth. *American Journal of Occupational Therapy*, 67, 69-90. doi:10.5014/ajot.2013.67S69
Schaper, L. K., & Pervan, G. P. (2007). ICT and OTs: A model of information and communication technology acceptance and utilization by occupational therapists. *International Journal of Medical Informatics*, 76(1), 212–221. https://doi-org.prx-usa.lirn.net/10.1016/j.ijmedinf.2006.05.028
World Federation of Occupational Therapy. (2014). World federation of occupational therapists' position statement on telehealth. *International Journal of Telerehabilitation*, 6(1), 37-40. doi:10.5195/ijt.2014.6153

THEMES

Caregivers without telehealth experience

- Benefits: decreased travel time, improved flexibility in appointment scheduling, easier to receive services in the home and during normal family routines and schedules.
- Barriers: decreased hands-on time with therapist, technical difficulties, less personal than in-person therapy.
- 77.8% of participants had never heard of telehealth.
- Telehealth could be beneficial as a supplement session, but not as a replacement to in-person therapy services.
- Uncertainty on whether they would use telehealth.

Caregivers with telehealth experience

- Benefits: improved flexibility in appointment scheduling, decreased travel time, improved access to healthcare.
- No barriers or limitations to telehealth were identified.
- Participants benefitted from the coaching model of intervention because it increased self-efficacy, improved carry over of services and allowed for care to take place in the natural environment.
- Participants would recommend telehealth to families who are active participants.

CONCLUSION

Caregivers without telehealth experience were optimistic of the benefits of this service model, but there was uncertainty regarding using telehealth for their own child. Caregivers who have used telehealth for EI greatly benefitted but suggested that telehealth is not appropriate for all families. Future research and advocacy will be important to promote the acceptance of telehealth. When service providers and clients understand that it is a viable and effective option for therapy services, telehealth will begin to be utilized to its fullest potential.

Acknowledgement: Special thanks to Dr. Becki Cohill and Dr. Susan MacDermott