

Views of Patients and Providers on the Use of Telemedicine for Chronic Disease Specialty Care in the Alaska Native Population

The following is a synopsis of “Views of Patients and Providers on the Use of Telemedicine for Chronic Disease Specialty Care in the Alaska Native Population”, published in *Telemedicine and e-health* in January 2021.



What is already known on this topic?

Alaskan Native Population experience a number of barriers to care such as transportation, cost of care, and health education due to the inequitable distribution of resources.^{1,2} Medical care for Alaska Native populations largely occurs through the Alaska Tribal Health System via the Alaska Native Medical Center (ANMC). ANMC, centrally located in Anchorage (Alaska), provides a range of primary, secondary, and tertiary care services. However, these services are often out of reach for Alaska Native populations that live in rural and remote areas of the state.

A promising approach to increasing access to care for rural, Alaska Native populations is the use of telehealth and telemedicine. Telehealth is the use of electronic information and telecommunication technologies (e.g., phone, computer, tablet) for clinical and non-clinical medical services when a provider and patient are not in the same physical location at the same

time; telemedicine refers specifically to remote clinical services.³ Telemedicine programs in this region have been used for years for primary and specialty care and have evidence of success in reducing barriers to care.⁴

What is added by this article?

There is limited literature about the perceptions of telemedicine for chronic disease care among Alaska Native and American Indian populations. This article helps fill a gap in our knowledge about perceptions of the usefulness and accessibility of telemedicine for chronic disease care from providers and patients within the Alaska Tribal Health System.

Qualitative analysis of interviews with 7 patients and 10 providers revealed that using telemedicine in this population removed transportation barriers and improved regular communication between the patient and provider. The elimination of this burden allowed patients to focus more on their care.



Patients also reported that having a **telepresenter** facilitate the telemedicine visit increased the patient's understanding of the provider's instructions. Providers reported that telemedicine uptake was most successful if the initial visit with the patient was in-person and the follow-up visits were via telemedicine. Providers additionally noted that they could take more appointments, which increased their availability to schedule patients. Patients in the study did not identify cultural barriers.



Telepresenter: A medical liaison who is in-person with the patient and helps facilitate the connection between the patient and remote provider during a telehealth/telemedicine visit.⁵

Technical difficulties, scheduling difficulties, and the absence of a telepresenter were cited by both patients and providers as barriers to the delivery of telemedicine for these patients. Another notable barrier among patients was security concerns over discussing personal and medical information while using telehealth.

What are the implications of these findings?

There is increased evidence that the use of telemedicine reduces barriers to care, especially with regards to transportation to medical appointments. Telemedicine is also promising because it increases access to specialized

providers (e.g., cardiologists), increases the availability of appointment slots for patients and providers, and increases regular communication between patients and their providers.

Health systems seeking to implement telehealth and telemedicine should consider the lessons learned from this study when planning to implement telehealth. For example, conducting the first medical visit between patient and provider in-person and then transitioning to telehealth and/or telemedicine for continued care could increase uptake. Additionally, health systems should consider the use of telepresenters and assuring patient privacy and confidentiality when conducting telehealth and/or telemedicine visits.

Understanding the most effective ways to implement and sustain telehealth and telemedicine is critical given the use of telehealth and telemedicine has rapidly increased during the COVID-19 pandemic due to the need for social distancing. Telemedicine has been an important tool in the continuation of care for people with chronic diseases (e.g., heart disease, cancer, type 2 diabetes). Barriers to using telehealth, such as low technological literacy, inconsistent internet access, and concerns over patient privacy, underscore the importance of continued research and evaluation of telehealth and telemedicine programs to improve accessibility and acceptance.

Resources:

American Telehealth Association: [Telehealth Practice Guidelines](#)

[Alaska Native Tribal Health Consortium](#)

Centers for Disease Control and Prevention, Office of Minority Health: [American Indian/Alaska Native Populations](#)

References

1. Indian Health Service (IHS): Disparities. Indian Health Service. (2019, October). <http://www.ihs.gov/>
2. Sequist, T. D. (2021). Improving the Health of the American Indian and Alaska Native Population. JAMA, 325(11), 1035. <https://doi.org/10.1001/jama.2021.0521>
3. What is telehealth? Telehealth.HHS.gov. (n.d.). <https://telehealth.hhs.gov/patients/understanding-telehealth/>
4. Hays, H., Carroll, M., Ferguson, S., Fore, C., & Horton, M. (2014). The Success of Telehealth Care in the Indian Health Service. AMA Journal of Ethics, 16(12), 986–996. <https://doi.org/10.1001/virtualmentor.2014.16.12.stas1-1412>
5. Telepresenters. Telepresenters | Telehealth Alliance of Oregon. (n.d.). <https://www.ortehealth.org/content/telepresenters>

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