

REMOTE BP MONITORING IN THE ELDERLY PART I: END-USER ACCEPTANCE

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OBJECTIVES

- Characterize the experience with respect to tele-health equipment and procedures.
- Verify the usability of the equipment.
- Identify barriers to acceptance that must be corrected before product roll-out.

SCHEDULE AND PROCEDURE

<u>DATE</u>	<u>ACTIVITY</u>
June 2003	Trial started; first interview
Dec 2003	Mid-trial interview
Mar 2004	End-trial interview

- Each interview was conducted in French by a female bilingual student.
- Because of clientele, the interviews were only 10 to 15 minutes in length.





RESULTS: Legend

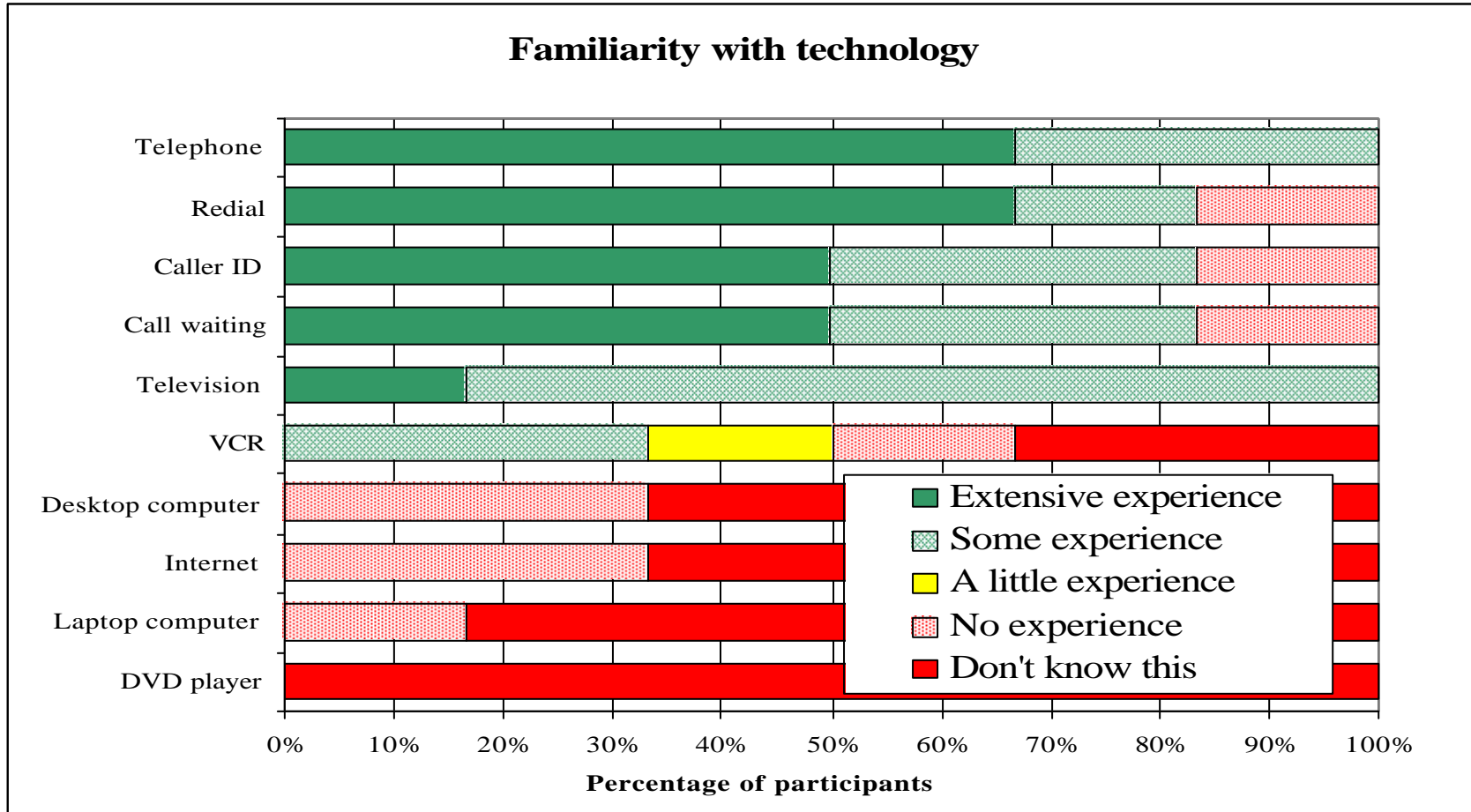
In viewing the graphs on the following slides:

- green is “good”
- yellow is “neutral”
- red is “bad”

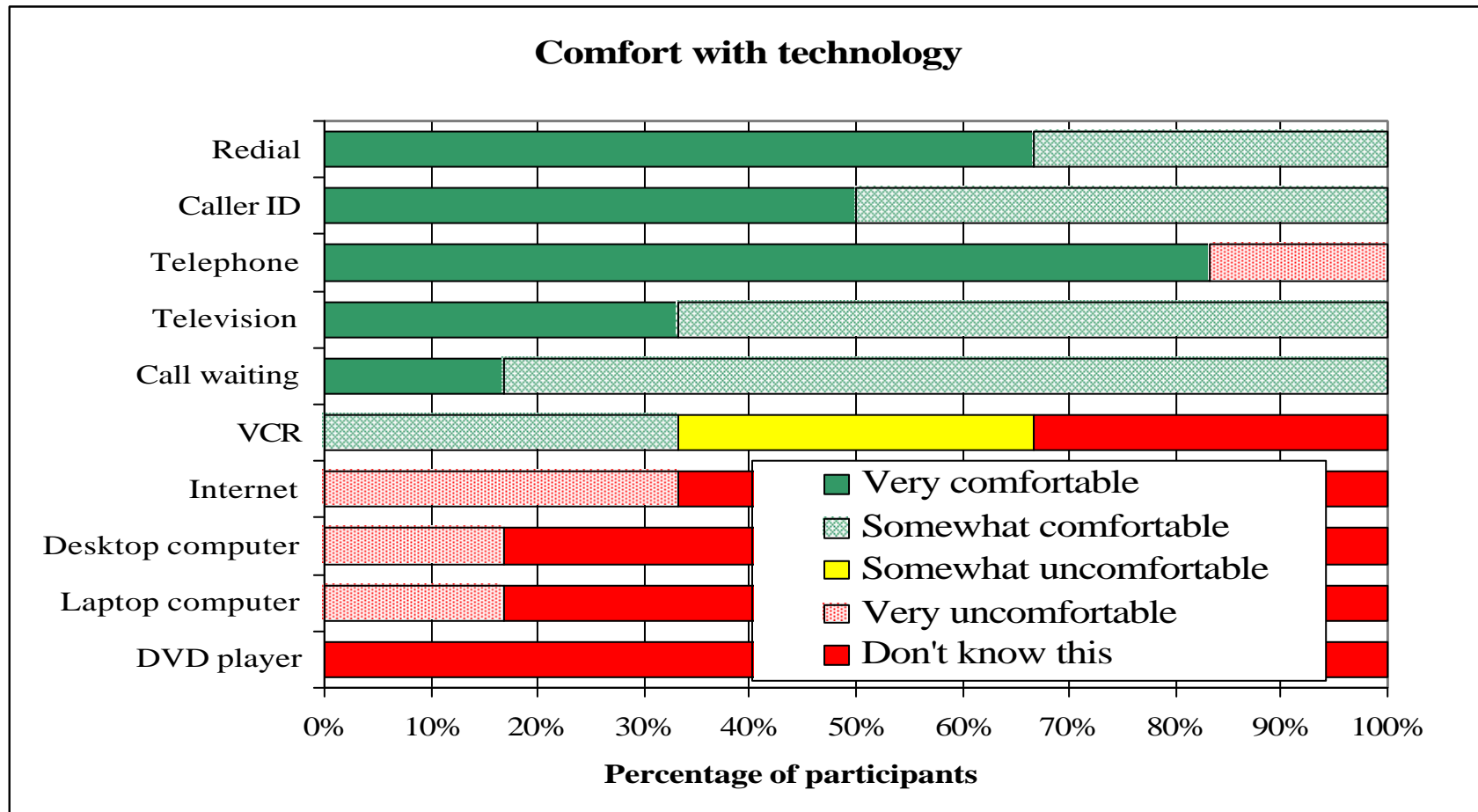
DEMOGRAPHICS

- Age: 85 to 94 years.
- Social status: retired religious sisters
- Considered conservative in terms of familiarity and comfort with technology:
 - In general, participants are familiar with and comfortable with telephone functionality, but not with computers.

TECHNOLOGY FAMILIARITY

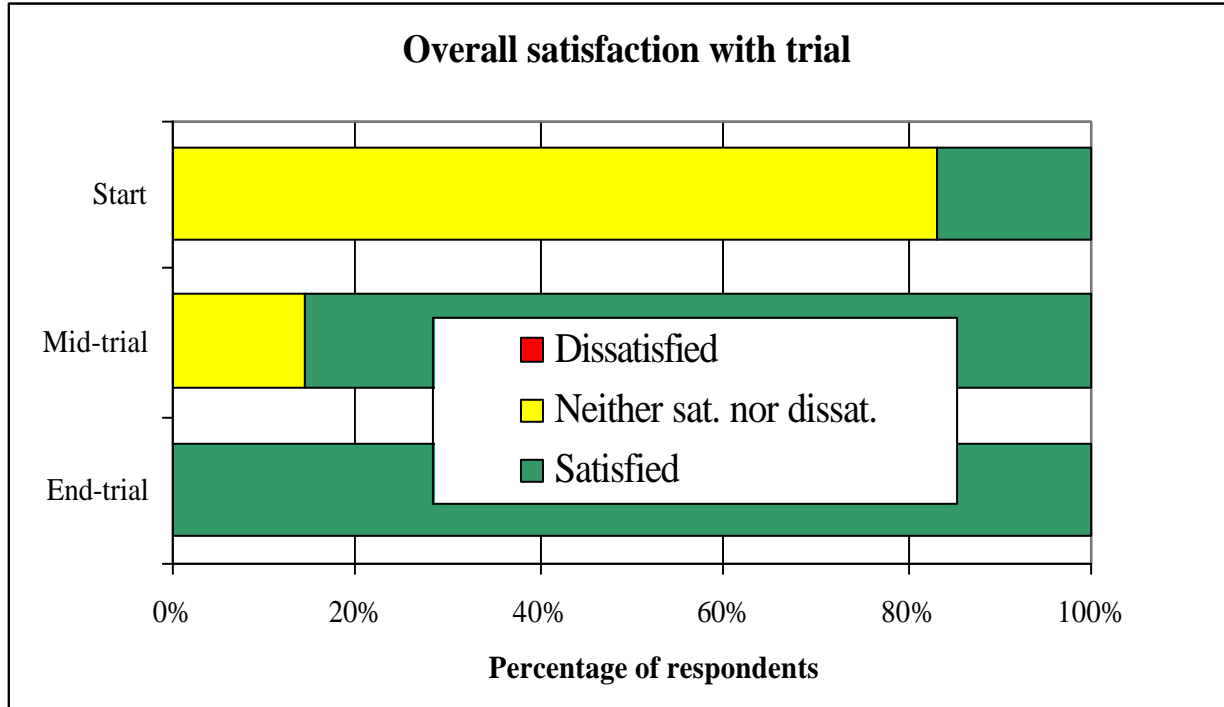


COMFORT WITH TECHNOLOGY



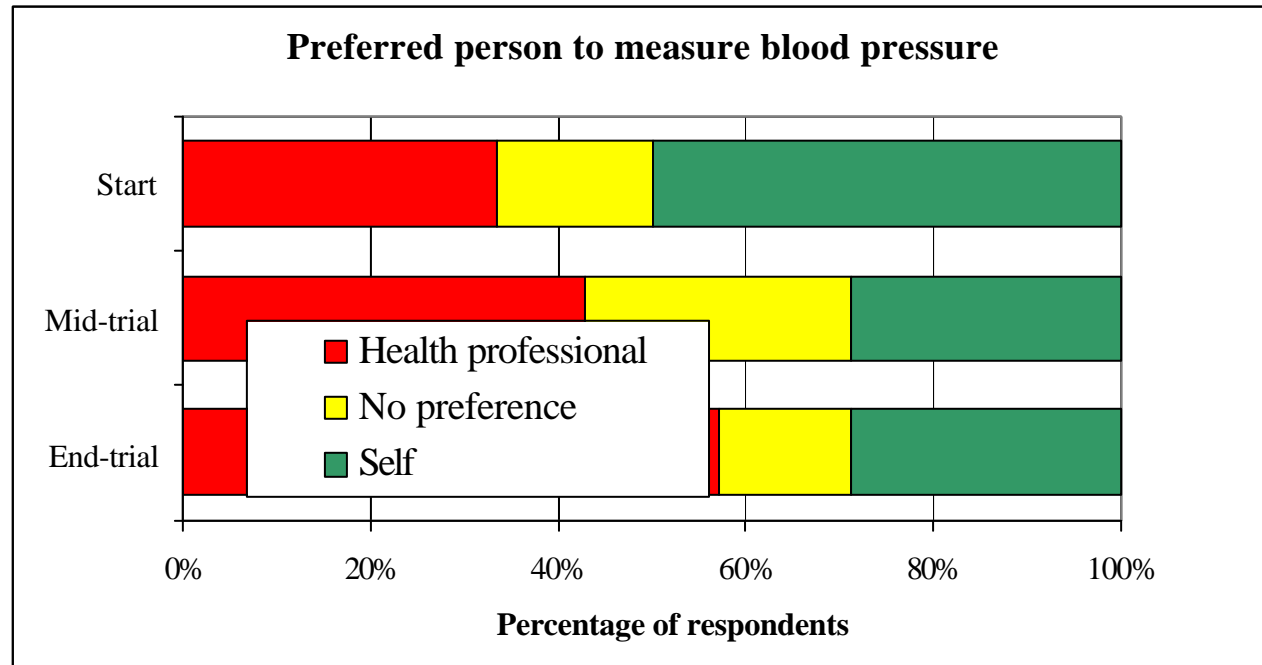
OVERALL SATISFACTION

- No dissatisfaction.
- Satisfaction increased with time.



BP PREFERENCE (1)

- Most participants preferred to have BP measured by a health professional.



BARRIERS TO ACCEPTANCE

- Participant feedback revealed only one barrier to acceptance: the cuff:
- Of the 7 participants:
 - 5 needed help every time
 - 2 needed help the first time only.

CONCLUSIONS

- Very conservative sample
 - Overall positive reaction to tele-health
 - Adapted well except to cuff.
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- By implication, there should be little attitudinal resistance among the “mainstream elderly,” which will likely be more familiar with technology