Recruitment to and Dropouts from Telemedicine Interventions

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Introduction

Telemedicine interventions are increasingly applied to cater for patients living at home with chronic diseases. Studies show promising results, but still more research is needed. In several of these interventions recruitment of patients is difficult, and the attrition rate is high. The telemedicine project TELMA (Telemedicine Agder) is a large R&D (research and development) project with a goal of recruiting 700 patients, with COPD, diabetes, heart congestion and multimorbid patients.

The TELMA is run by three municipalities in Agder, Norway, in collaboration with the regional hospital trust, University of Agder, and two vendors. The goal of the project is to establish a service for all the 30 municipalities in the region, for groups of patients that yield clear benefits in form of less use of health personnel, and at the same time equal or increased life quality. Patients are recruited from different entities, hospital, the municipalities and GPs. As this is a research project they all give informed consent to researchers, and accept answering a survey two or more times, being interviewed and granting the researchers access to different datasets.

As the municipalities carry the expenses of the services, the municipalities require a formal decision regarding granting the service to the patients. The patients are granted the service for a period of 3 months, after which a new decision is made whether to carry on the service or not, based on the outcome so far. The service is offered to the 30 municipalities from one of three telemedical centrals. The centrals are staffed by a nurse, and a GP can be consulted if needed. The nurses exchange electronic messages with the patients´ GP regularly. The service consists of daily monitoring of patient data and a self-assessment survey, and regularly video conference with the nurse.

However; recruitment has taken longer time than expected, and through our study we are identifying possible reasons for declining to participate and for dropping out. Hence; our research questions are: "Are the "right patients" recruited, and why do patients drop-out from this intervention?

We know from previous studies [1, 2] that recruitment of patients and drop-outs is a problem in many health interventions and believe that our results will of general interest.

Materials and Methods

An interpretive approach was chosen, interviewing patients and different stakeholders involved in recruitment and follow-up.

The employees are recruited through contacting the assistant project manager. The employees include a nurse from the hospital, 4 nurses from 2 different telemedical centrals, one project participant involved in recruitment, one nurse employed at a GP´s office, and one case handler from the health care services. The patients are recruited from the telemedical centrals. This group includes 5 patients that have participated for a period up to 3 months and 3 that have dropped out. We have asked and will ask the patients about their condition and their needs and living conditions (whether they live alone or have a next of kin living with them), about how they were recruited, and about the introduction to the service. We also ask them about the service itself, and the reason for dropping out for the ones that drop-out. The employees are asked about the recruitment process and the introduction to the service.

As some of the patients are severely ill, we have been careful not to tire them unnecessary, and have made it clear that we are ready to stop the interview if wanted. All participants have given formal consent to participate in the interviews. The project has been approved by the Norwegian Center for Research Data (project number 53693).

Results and Discussion

We have only preliminary data, and are ready to present and discuss the results at the conference, and these will also carry implications for the project

References

[1] Eysenbach, G. (2005). The law of attrition. *Journal of medical Internet research*, *7*(1).

[2] Kannisto, K. A., Korhonen, J., Adams, C. E., Koivunen, M. H., Vahlberg, T., & Välimäki, M. A. (2017). Factors associated with dropout during recruitment and follow-up periods of a mHealth-based randomized controlled trial for Mobile. Net to encourage treatment adherence for people with serious mental health problems. *Journal of medical Internet research*, *19*(2).

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