

Opinion

Age Related Satisfaction of Telemedicine

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Telehealth or more specifically telemedicine has been rapidly adopted recently. The *“Health Resources Services Administration defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications”*.¹

The use of video to facilitate provider: patient interaction has multiple benefits including remote access of patients and providers who are incapable, advised not to or unwilling to access face to face care. It can be more efficient; saving travel time, making use of better digital networks, safer when either party is contagious, etc.

As in any technology there are also difficulties and drawbacks. Hurdles include discomfort using the technology, lack of awareness of available options, reimbursement concerns and quality of care issues. It is a poor substitute for face to face examination particularly in our field of obstetrics and gynecology (OBGYN). When our OBGYN patients were queried, privacy ranked as number one concern stemming from worries of intercept of transmission. HIPAA safeguards and verbal assurances were not very helpful at alleviating their concerns. While there appeared to be a distinct difference in acceptance during the rapid change in care with the younger population being more accepting, a prospective sequential study was done to validate the impression.

We were interested in seeing if age influenced the acceptance of the technology as applied to video conferencing. The author, a board-certified Obstetrician/Gynecologist, working during the COVID19 pandemic in a rural environment in New York state, USA asked patients at the end of the telemedicine visit their impression of the technology

with three potential responses allowed; positive, neutral or negative.

Graph shows a trend towards negative relationship between patients’ age and technological satisfaction. The #3 was the positive response, #2 neutral and #1 negative. No attempt was made to further interpret the data as the absolute number was small (n = 18) in this pilot research study. If confirmed by additional studies, this may be helpful when addressing the older population. Once reasons are found for this relationship, mitigation can be attempted.

