

M. Díaz, A. Català, A. Font, L. Narvaiza, A. Rodríguez-Moliner. *Factors influencing acceptability of ambulatory telemonitoring systems: a qualitative approach of physicians' views as end-users and prescriptors. Gerontechnology 2008; 7(2):98.* In the process of professional health supervision of out elderly and chronic patients, ambulatory telemonitoring systems are conceived to remotely provide useful information about patients' health indicators, such as vital signs and behaviour, in order to (i) monitor health state and (ii) provide early or emergency response when required. In this context physicians in charge of patients' surveillance are to be considered simultaneously prescriptors and end-users of telemonitoring systems. The specificity of telemonitoring systems as a support for clinical condition supervision is its potential of ambulatory, low invasive, remote, frequent, even continuous, measurement, assessment and communication of vital signs and behaviour. In this sense and differently of other treatments or interventions, adoption of new telecare technologies implies a change in health providers' practice and in their interaction with patients. Recommendation and adoption of telemonitoring devices and technology is a complex and often difficult collaborative process¹ mediated by physicians' perceptions of its impact not only on patient health and wellbeing but also on their own clinical practice. In this paper we present an exploratory qualitative study on physicians' opinions and attitudes based on the Technology Adoption Model approach² in order to identify the factors involved in remote monitoring systems adoption and adherence³. The ultimate purpose is to incorporate this knowledge in the process of development when defining design requirements. **Methods** We have performed secondary analyses of focus group data to explore physicians' attitudes, opinions and beliefs about telemedicine systems implementation. The focus group has been conducted as a part of the European project CAALYX (Complete Assisted Living Experiment). The first group participants were physicians of different specialities and the second group consisted of the same numbers of engineers and physicians. The central questions addressed to the groups were respectively (i) identify and rank the most relevant diseases and pathologies that would be addressed with such a system, and (ii) identify and review available non-invasive technologies and devices for ambulatory follow up of a given list of vital signs and symptoms. **Results and discussion** To organize the analysis, opinions about the value and potential of telemonitoring have been related to two dimensions of compatibility construct: (i) how well would such a system fit with their patients needs, capabilities and lifestyle and (ii) how well would such a system fit with their own aspirations and expectations as health professionals. We detected scepticism related to the following factors: (i) how accurately and effectively the information drawn from remote sensors would be integrated into clinical reliable and usable information, (ii) patients capability and willingness to adopt an active and efficient role in the process (iii) impact on doctor-patient relationship and (iv) the relative importance of telemedicine implementation in front of other measures to improve patients' assistance.

References

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Address: Technological University of Catalonia, Spain; E: marta.diaz@upc.edu