

Accessing Telehealth and In-Person Healthcare During the COVID-19 Pandemic: Experiences of Individuals with Rheumatoid Arthritis

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Background

- The COVID-19 pandemic has provided opportunity to increase integration of virtual healthcare with in-person medical practices.^{1,2} Individuals with rheumatoid arthritis continue to self-manage their illness while navigating the period of uncertainty in health service delivery systems.
- Telehealth options for the management of arthritis during the pandemic were uneven as systems were developed, and providers trained to use them.³⁻⁶
- This qualitative aimed to explore the experiences of individuals with RA accessing telehealth and in-person care.

Findings

Participant Characteristics (n = 39)		Participant Health Reported at Baseline (n = 39)	
Female	36 (92%)	General health was very good or good	23 (61%)
Age Range	28-86 years (median 55 years)	General health was fair	12 (32%)
Annual Household Income	\$12,000 - \$100,000	General health was poor	3 (8%)
University Degree or Higher	24 (63%)	Diagnosed with RA between 2019-2021	13 (33%)
Lived alone	7 (18%)	Reported feeling down, depressed, or hopeless over the previous 2 weeks for several days to nearly every day	17 (45%)

Three Preliminary Themes

1) Deciding between telehealth and in-person

Participants generally welcomed the shift to telehealth under certain conditions. Most express benefits and drawbacks for both telehealth and in-person appointments.

I quite like the phone calls, if it's not necessary to actually go into the office... to drive all the way into Vancouver. I hope they keep it around. [Marilyn]

If you're coughing, or they need to listen to your chest they can't do that on telehealth. So every appointment telehealth is not appropriate. [Cecelia]

I don't know if I would do a remote with a new practitioner...it's that relationship-building piece... Part of it is just that time lag of if I want to say something more but somebody else saying something. [Julie]

2) Assessing Risk of in-person visits

When in-person consultations were preferred, some feared contracting COVID-19 during or on their way to the consult while others felt safe with the health measures in place.

Physio appointment was fine. He was masked. I was masked, washed my hands in disinfectant; so did he. So I had no problem with that. [Julie]

For my arthritis I go for infusion once a month. I don't have a vehicleI have to take transit. And I am very, very scared to take transit but I have to do it. [Donna]

I was feeling very hesitant about just not knowing how contagious [COVID-19] was. And then my rheumatologist being like... don't go places... You just don't want to be indoors and expose yourself. [Ruth]

3) Adapting to systemic disruptions

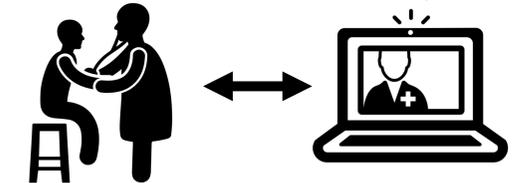
Participants described how they struggled with and/or sometimes withdrew from accessing care, as health service delivery changed with minimal notice during the pandemic.

I got an email saying they've changed my physical to a virtual appointment. But it never happened. So, I tried to book a telephone appointment online. It didn't happen. Systems really irritate me. [Julie]

It was like in war times... my doctor met me outside the hospital in the parking lot. In the rain. I wasn't supposed to be in [the hospital] because I wasn't critically ill obviously. Because of COVID. [Claire]

Methods

- A constructivist, qualitative design.
- Participants purposively sampled from a randomized controlled trial between December 2020 – December 2021.⁷ Eligible participants lived in British Columbia with:
 - A physician-confirmed diagnosis of rheumatoid arthritis.
 - No joint surgery in the past 6 months.
 - No history of acute injury to any joints in the past 6 months.
 - Access to an email address and daily access to a computer or mobile device.
- Semi-structured one-to-one interview (30-70 mins) by phone were transcribed verbatim.
- A collaborative and reflexive thematic analysis approach⁸ was used with member checking and peer checking.
- Engagement with patient partners with rheumatoid arthritis in Canada throughout the process.
- Consultations with individuals with rheumatoid arthritis in UK to assess transferability of findings.



Conclusions

- Our interviews offer nuanced insight into the experiences of individuals with rheumatoid arthritis seeking health services during the pandemic.
- Understanding these perspectives help inform the use of telehealth beyond the pandemic by addressing patient concerns, personalizing telehealth options, and efficiently integrating telehealth into clinical practice for routine check-ups.

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