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Title

Understanding Primary Health Care Provider's Perceptions of Using Activity Monitors: A Qualitative Study

Priority 1 (Research Category)

Qualitative research

Presenters

Sophie Sawler, BAS, Ryan Reid, PhD, Angie Kolen

Abstract

Context: Individuals with excess bodyweight represent a large portion of the population of Nova Scotia, Canada and cardiovascular disease is the second leading cause of death. Given that obesity is a primary risk factor for cardiovascular disease, primary care techniques targeting overweight and obesity are essential. An activity monitor (AM) is a wearable device that track's multiple health parameters related to obesity. Primary health care providers (PHCP) are the gate keepers of health care in Nova Scotia. Their perceptions on AM are integral to the use of AM's in primary care. Objective: Understand PHCP perceived barriers and facilitators regarding the use of AM's with their patients in-person (i.e., clinical) and in virtual healthcare settings. Study design: Participants were interviewed individually (i.e., 20-30 min, audio-recorded, semi-structured). Setting: Rural Nova Scotia. Population studied: Five PHCP's [i.e., 2 Registered Nurses (RN), 2 Nurse Practitioners (NP), and 1 Medical Doctor (MD)]. Outcome measures: Interview transcripts were compiled to find commonalities connected to the socioecological model which includes: individual, interpersonal, organizational, community, and public policy. Results: Individual: Technology competency is a barrier to AM implementation and older PHCP's had less trust in the reliability and ability for AM's to produce positive outcomes. Interpersonal: PHCP's saw a benefit in using AM's in healthcare and were enthusiastic that AM's would help patients, but they believed that someone else should be responsible for their implementation and delivery within the healthcare system. Organizational: PHCP's suggested that using software that can be easily integrated into electronic medical records to analyze patient AM data may allow more time and objective information to recommend effective prevention strategies with patients. Community: PHCP's believed that AM's would have good uptake among patients and would allow patients to become more responsible for their own health, lessening the burden on PHCP's. Accessibility was also identified as significant to implementation. Policy: RN's and NP's identified financial resources as a potential barrier. Despite this, most felt that AM's were worth the cost for the sake of preventative care. Conclusion: All participants identified AM's as an innovative health tool with potential to be used in-person and in virtual healthcare settings.