MEASURING DIGITAL HEALTH LITERACY, WHY AND HOW?

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Digital health literacy or eHealth Literacy refers to a person’s ability to search, select, appraise and apply online health information or appropriately use digital health applications. In this presentation I will address the issue of measurement of these skills. First, we will explore why it is important to measure digital health literacy and discuss the different aims of measuring. Second, we will address some of the currently available instruments, including the oldest and most used instrument, the eHealth Literacy Scale or EHEALS Norman & Skinner, 2006 and some more recent instruments, including the eHealth Literacy Questionnaire, eHLQ Kayser et al. 2018 and the Digital Health Literacy Instrument, DHLI. Van der Vaart & Drossaert, 2017. Of each instrument, I will briefly discuss its underlying theory, some empirical findings, and its strengths and weaknesses. I will conclude with discussing some general challenges in measuring digital health literacy and directions for future research.

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PATIENT EXPERIENCES FROM A TELE-HEALTH INTERVENTION ON DISEASE ACTIVITY IN RA: THE KEEN AND THE RELUCTANT PATIENT

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Background: Recently, the effectiveness of monitoring disease activity in rheumatoid arthritis (RA) through a patient-reported outcome (PRO)-based tele-health follow-up strategy was compared to usual outpatient follow-up in the TeRA trial. Telemedicine interventions require patients taking an active role in the disease course and treatment, and assuming more responsibility for monitoring and identifying signs and symptoms of disease activity. The TeRA study examines the effectiveness of tele-health follow-up, but provides no insight into how patients experience this novel approach to disease control.

Objectives: To explore the experiences of a PRO-based tele-health follow-up from the perspective of patients with RA and their experiences of increasing their active role and responsibility for disease control in particular.

Methods: Adopting a strategy of interpretive description, we conducted individual, semi-structured interviews with 15 RA patients participating in the tele-health follow-up. Participants were selected purposively and consecutively from both genders and with various ages, disease durations and disease severity. The analysis was inductive with a constant comparative approach. First, we identified the main themes conveying the patients’ experiences. Then, we constructed patient typologies to explain different perspectives on the tele-health follow-up.


Conclusions: The participants had positive perceptions of the PRO-based tele-health follow-up and saw it as a flexible and resource-saving solution that can reduce the burden of unnecessary interruptions in everyday life. They reported disadvantages related to missing face-to-face contact with health professionals. The two typologies, ‘the keen’ and ‘the reluctant patient’ help us understand the patients’ different needs, wishes and abilities to take part in tele-health follow-up. Our findings reveal a need for more insight into how tele-health follow-up could be integrated in routine clinical practice, paying special attention to how reluctant patients may be supported.

REFERENCES: