

Background

Since the COVID-19 pandemic, the use of health tools (video/phone consultations, patient portals and digital applications) in the clinical management of Inflammatory Bowel Disease (IBD) has increased. This study aimed to explore the acceptability of eHealth tools to undertake follow-up appointments and support self-management.

Methods

An exploratory qualitative approach was used. Participants were recruited via professional networks, social media platforms, Crohn's and Colitis UK website and newsletters. Semi-structured interviews were conducted remotely with healthcare professional (HCPs) and people with IBD in April/May 2023 using MS Teams or Zoom. Transcripts were analysed using a thematic analysis.

Results

Fifteen HCPs and 16 people with IBD participated. Those with IBD reported living with Crohn's Disease (n=9), Ulcerative Colitis (n=6) or Inflammatory Bowel Disease Unclassified (n=1). Reported age in years was 18-24 (n=3), 24-34 (n=1), 35-54 (n=8), 55-65 (n=2) and >75 (n=1). Ten were female. Time since IBD diagnosis ranged from <6 months to 43 years (\bar{x} 18.7 years). Participants had pre-diagnosis symptoms for at least one year. HCPs were mostly female (n=13) and comprised of IBD specialist nurses (n=9), gastroenterologists (n=2), pharmacists (n=2) and dietitians (n=2).

Four key themes were identified.

- *Flexibility and Accessibility*: participants with IBD described appreciating the ease of virtual appointments and access to test results and information indicating eHealth easily connected them to their IBD team. However, they outlined the need for flexibility and a personal approach to their care.
- *Resource*: HCPs described wanting better digital training because remote and in-person assessment skills differ. They also identified the need for technical support when implementing eHealth tools. Both HCPs and participants with IBD suggested eHealth may be a cost-savings exercise, although the need for efficiency in health services was recognised.
- *e-Literacy*: HCPs considered some older patients may be excluded from accessing eHealth due to e-literacy and capability issues, perceiving that eHealth is for the younger generation.
- *The Human Factor*: participants described wanting to meet initially face to face before engaging virtually. Participants with IBD, outlined in-person consultations made them feel seen and understood, and described the importance of hands-on abdominal examinations in reassuring them about their health status.

Conclusion

There is an acceptability of eHealth to support the care of patients with IBD, but HCPs and patients still value the *Human factor*. Concerns over *Resourcing, Flexibility and Accessibility* and *e-Literacy* may need addressing to avoid these becoming barriers to eHealth in supporting people with IBD.