

## Introduction & Aims

The COVID-19 pandemic accelerated the adoption of telemedicine, but older, frailer adults often face physical and technical barriers that limit their ability to engage with virtual care. This study aims to determine the prevalence of physical limitations, technical barriers, and attitudes toward telemedicine among older, frailer patients and their relatives. It explores these challenges to assess readiness for telemedicine and inform future transitions to digital healthcare solutions.

## Methodology

As part of a quality improvement initiative, a geriatric trainee contacted older patients attending the geriatric clinic between February and March 2021. Consent, obtained in the clinic or via telephone, allowed patients (or their next of kin, if needed) to complete questionnaires assessing physical impairments, technical barriers, and attitudes to telehealth. Data on referral reasons, comorbidities, polypharmacy, and frailty were gathered from medical records, and statistical analysis was conducted using STATA 14 to compare outcomes between groups.

## Results

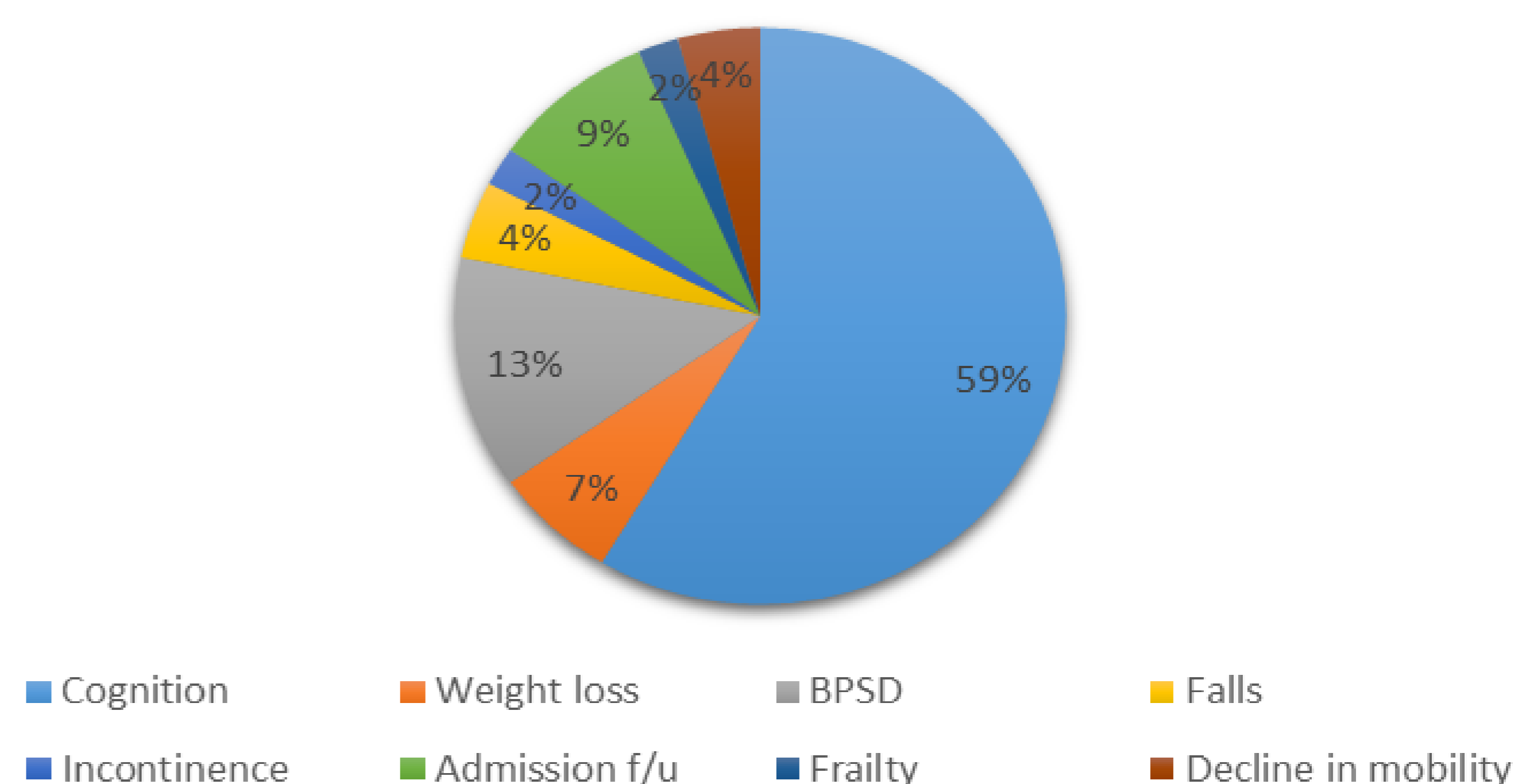
84 patients attended Geriatric Outpatients during the specified period

33 excluded:

- 21 no contact established after multiple attempts
- 5 were in nursing home or hospital inpatients
- 4 refused consent
- 3 hearing too impaired to complete the call

51 participants consented and completed the survey

Reason for Referral to Clinic



Baseline Characteristics of the 51 participants	N
Female gender, n (%)	25 (49%)
Age, mean (SD)	81.7 (5.7)
Median Clinical Frailty Score (IQR)	4 (2)
No. of Medications, mean (SD)	7.5 (4.3)
Number of Medical Comorbid Illnesses, mean (SD)	6 (2.5)
Home care package to assist with daily activities (%)	12 (24)
Mobility Status, n (%)	
Independent	39 (77%)
Mobilises with an aid	11 (21%)
Immobile	1 (2%)
Cognition, n (%)	
Normal cognition	13 (25%)
Mild Cognitive Impairment	9 (18%)
Dementia	29 (57%)

The Prevalence of Sensory and Environmental Impairments among Participants	N (%)
Sensory and Environmental Impairment	46 (90%)
Sensory Impairment (Auditory and/or Visual)	40 (78%)
Auditory	
Impaired Hearing with/without Correction	19 (37%)
Wear Hearing Aid	15 (29%)
Visual	
Wear glasses	39 (76%)
Residual visual impairment	5 (10%)
Environmental Impairment	
Computer in the home	12 (24%)
Using internet regularly	5 (10%)
Family member available to help	30 (59%)

Only 10% (n=5) of participants were deemed ideal candidates for teleconsultations, while 90% (n=46) faced significant barriers due to sensory and environmental impairments. Attitudes toward telemedicine were largely negative, with 43% (n=22) rating it poorly. Although 43% (n=22) found video consultations time-saving, many (57%) needed assistance with technology. A strong preference for in-person consultations was evident, with 92% (n=47) preferring them during the pandemic and 84% (n=43) post-vaccination. There were no significant differences in appointment preferences or perceived benefits between pre-frail and frail groups.

## Conclusion

The older, frailer population faces significant physical, environmental limitations and technical barriers, making them less suitable for telehealth care. High sensory impairments and low digital literacy rates reduce their ability to use telemedicine effectively. These factors make it challenging for healthcare providers to extend remote services to this vulnerable group. Gathering data on barriers to telehealth can guide policy, improve service, and support face-to-face care for those who need it.