Marketing Telehealth to Align with Strategy

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EXECUTIVE SUMMARY

Telehealth is a twenty-first century solution to an old problem—how to deliver quality health services with shrinking resources. Telehealth enables healthcare providers to interact with and monitor patients remotely, thus adding value to service delivery models. On occasion, telehealth can substitute for live encounters, saving time and resources. Furthermore, as the geriatric population increases, telehealth will support independent living by supplementing the existing network of care. To be used most effectively, however, telehealth services must be carefully planned and executed.

This study investigated management practices used to promote telehealth services, focusing on strategic goals for adopting telehealth. Interviews with senior managers from 19 home health agencies identified three strategic goals for adopting telehealth: (1) cost containment, (2) clinical excellence, and (3) technological preeminence. Organizational documents were analyzed to determine the extent to which the telehealth program was featured in marketing materials. Documents included the organization’s brochure, newspaper ads and articles, and each home health agency’s web site. Results showed that marketing practices vary widely but are correlated with motivations to adopt telehealth. The organizations with the highest marketing scores emphasize clinical excellence as a major reason for using telehealth, whereas those with the lowest marketing scores tend to focus on cost containment.

Although this study focused on management practices in home health agencies, results are applicable to hospital and outpatient services as well as to other community-based programs. Using a strategic management framework, the authors offer recommendations to help organizations develop effective marketing approaches for telehealth programs.

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Telehealth is a twenty-first century solution to a persistent problem in healthcare today—how to provide high-quality services with shrinking resources. The appropriate use of technology to provide health services is one strategy to increase access to services. The term telehealth incorporates the wide array of systems available to transmit data from remote locations. Using personal computers and telecommunications systems, healthcare providers are now able to assess, diagnose, and monitor patients at a much lower cost than for face-to-face encounters.

Home telehealth (also called home telemedicine and telehomecare) is “a clinical information system that enables the interaction of voice, video and data using ordinary telephone lines” (Dansky, Bowles, and Palmer 2003), connecting healthcare providers to individuals in their homes. Home telehealth systems consist of a monitor placed in a remote location and a central station. The monitor collects clinical data and transmits the data over ordinary telephone lines to a central station where healthcare providers review the information. Basic measurements include blood pressure, heart rate, and weight. Other peripherals, such as a glucose meter and pulse oximetry, can be added to the system. Systems are either synchronous or asynchronous.

Monitoring systems are asynchronous—that is, they transmit data from the remote location to the central station in one direction only. Synchronous systems use a similar platform and data transfer method but include a video camera and video monitor unit that allow live interaction in real time.

The emergence of telehealth coincides with a growing demand for ambulatory and home-based health services. Nationally, the elderly population accounts for 72 percent of all healthcare costs. Fueled by the push for more efficient delivery of hospital services and the aging population, the number of home health agencies (HHA) and community-based programs has increased over the last decade. Not surprisingly, expenditures for this segment of the population have increased as well. In an effort to slow the growth of Medicare’s home health segment, the U.S. Balanced Budget Act of 1997 (Public Law No.105–33) changed the reimbursement system for home health services from a per-visit payment to a prospective payment system. This legislation shifts a large share of the risk to the HHA. Consequently, home health care providers are seeking delivery alternatives that reduce their costs while maintaining or improving the quality of patient care.

Telehealth is a strategy that can achieve these objectives. Telehealth is innovative in several ways. First, telehealth enables clinicians to monitor high-risk patients more frequently, thus adding value to health services. Second, with the use of interactive systems, telehealth can substitute for live encounters, saving time and resources. Third, as the geriatric population increases, telehealth will support and enhance independent living by supplementing the existing network of care.

The increasing use of telehealth is
most evident in the home health industry, but hospital-based systems have been leaders in this arena. For example, the Veteran’s Health Administration (1999) and Kaiser-Permanente Health System (Johnston et al. 2000) have invested considerable financial resources in telehealth programs for more than a decade. Additionally, managed care organizations are exploring a wide array of e-health applications (including telehealth) as disease management tools (Meyer, Kobb, and Ryan 2002). To be used effectively, however, telehealth services must be carefully planned and executed. Most important, telehealth deployment must be consistent with the organization’s long-term strategic objectives.

CONCEPTUAL FRAMEWORK

Strategic objectives for adopting technology in healthcare organizations have evolved into three different perspectives: clinical service excellence, technological preeminence, and profitability and cost containment. Although some overlap usually exists among these perspectives, the organization’s primary reason for adopting a new technology is usually quite distinct.

The first objective, clinical excellence, is based on the view that healthcare organizations adopt new technologies to meet the clinical needs of the populations they serve. Quality of care is a core value typically expressed in the mission statement. The technological preeminence perspective is based on the assumption that healthcare organizations will adopt new medical technologies (regardless of how costly) in order to enhance their images as technological leaders, thus attracting physicians and patients (Luft et al. 1986; Teplensky et al. 1995). The third objective, cost containment and profitability, links organizational behaviors to anticipated financial returns and argues that motivation to adopt a technology will depend on factors related to current or projected costs or revenues (Teplensky et al. 1995). The technology is expected to reduce current costs or serve as a revenue stream.

Telehealth is compatible with each of these perspectives, but the articulated objective for adopting telehealth must be aligned with operational activities such as marketing. Without this strategic alignment, plans to accomplish the organizational goals may be haphazard and are likely to result in conflict among stakeholders.

This study explored the relationship between the organization’s stated purpose for adopting telehealth and the marketing approaches it employs to promote the use of telehealth. Three research questions formed the basis of this qualitative inquiry: (1) What are the strategic objectives for adopting telehealth? (2) What marketing practices are used to promote telehealth? and (3) Are marketing practices consistent with strategic objectives?

METHODS

This analysis is part of a longitudinal study investigating the use of telehealth in the home health industry. The intent in using a qualitative approach to study management practices is to gain a deeper level of understanding than can typically be achieved from traditional
survey methods. As compared to quantitative research that uses deductive logic and tests a priori hypotheses, the qualitative researcher uses inductive logic, building and revising research questions from experiences in the field. Both approaches are valid; the point of using a combined approach is to foster a holistic basis for understanding complex social phenomena that cannot be fully understood by quantitative methods alone.

Twenty-nine HHAs in a mid-Atlantic state participated in this study during its first year. As part of the design, attempts were made to represent all major metropolitan, suburban, and rural areas of the state. The HHAs range in size from small (150 patients per year) to large (35,000 patients per year). Both not-for-profit and proprietary organizations are represented. Six of the HHAs are hospital affiliated or part of a hospital-based system, and one is a division of a continuous care retirement community.

The research design divides the HHAs by history of telehealth use: early adopters (prior to July 2002) and new users (after October 2002). Information for this component of the study was collected from the 19 HHAs that were using telehealth for patient services as of April 2003.

The principal investigator of the research team interviewed the person in each HHA who was responsible for implementing the telehealth program. Questions were submitted to the key informants in advance of the interview. Respondents reviewed transcripts of the interview to ensure accuracy and validity. The interview questions were semistructured, that is, they asked for specific information but left room for discussion. The questions focused on strategic objectives for telehealth and marketing practices that promote the use of telehealth. Additionally, the HHAs were asked to submit organizational documents (brochures, articles, and other marketing materials) to determine if and how they had incorporated telehealth into their marketing materials.

Content analysis was conducted on the text of the interviews and documents to identify common themes and patterns. The first step in content analysis is to code the text, using preassigned labels but allowing for new labels to emerge from the data. One purpose of coding is to perceive a theme in seemingly random information. A theme describes and organizes observations and is used to interpret aspects of the phenomenon under study (Boyatzis 1998). Coding allows the researcher to sort and compare cases objectively, the second step in content analysis. This cross-case analysis extends both internal and external validity and is an important component of a qualitative approach (Huberman and Miles 1994).

Responses to the question, “Why did you begin using this technology?” were reviewed and coded by three independent readers to determine the primary strategic objective for adopting telehealth. The labels “clinical excellence,” “technological preeminence,” and “cost containment” were applied to responses that described strategic objectives. When the stated purpose was not clear, the label “unclear” was used.
To evaluate marketing practices used to promote telehealth, the organizational documents were reviewed to identify any references (words, pictures, images, etc.) to telehealth (or telehomecare or telemedicine). The following coding scheme was used to score the content of the documents:

- 0 = text contains no words or images of telehealth
- 1 = text contains a few words or a phrase about telehealth
- 2 = several sentences or pictures of the technology are contained within the text of the document
- 3 = entire document focuses on the use of telehealth

Additionally, the research team downloaded printed information from each HHA’s web site to identify the extent of telehealth terminology used. The downloaded pages were reviewed to identify any references (words, pictures, images, etc.) to telehealth (or telehomecare or telemedicine), using the same coding scheme described for documents. Results of the content analysis are summarized below.

**RESULTS**

**Strategic Objectives for Adopting Telehealth**

The content analysis of the interviews identified several strategic objectives for adopting telehealth. The emergent themes were consistent with motivations found in the literature. The most commonly cited reason for adopting telehealth was clinical excellence. Under this view, the strategic objective of telehealth is to meet clinical needs and improve the health status of patients or populations. Seven HHAs expressed this view. The second strongest sentiment for adopting telehealth was cost containment, an organizational response to reimbursement changes and perceived to be a means to reduce skilled nursing visits without compromising quality. Strategic objectives are to maximize profits and reduce costs associated with health service delivery. Six HHAs articulated cost containment as the primary objective for adopting telehealth, and several others listed it as a secondary objective. Four HHAs expressed the view that adoption of telehealth will enhance the organization’s image as a technology leader and that telehealth is the future. Two HHAs had no clearly defined objectives for adopting telehealth.

Managers were also asked about organizational strategic initiatives related to telehealth. All of the managers mentioned at least one of three types of growth strategies: (1) expanding the program internally, (2) developing managed care contracts, or (3) partnering with other organizations. Innovative partnering initiatives include using the technology at adult day care centers, assisted-living facilities, prison systems, and community or occupational wellness programs. The type of strategic initiative was not correlated with the overall strategic objective for adopting telehealth.

**Marketing Efforts to Promote Telehealth**

The purpose of reviewing organizational documents was to determine
how HHAs have incorporated telehealth into their marketing materials. Fifteen HHAs submitted brochures for review. Five of the 15 HHAs had brochures that describe details of the telehealth system and services offered. One HHA mentioned telehealth briefly in its brochure. Nine HHAs had generic brochures that do not include any language on telehealth. The remaining HHAs either did not have a current brochure or stated that it is under revision.

Ten HHAs submitted copies of articles that have been written about their telehealth programs. All of these articles describe the programs in great detail and provide excellent examples of patient use of the technology. Six HHAs used fact sheets that describe the medical features of the system; these focus on the ability of the technology to enhance quality of care and are disseminated to physicians in their referral areas. Five HHAs used fact sheets targeted to patients and the general public.

The research team downloaded printed information from each HHA’s web site to identify the extent of telehealth terminology used. The amount of detail provided on the web page varied from none at all to substantial detail. Ten of the HHAs had no information on telehealth on their home pages. Nine HHAs had a reference to telehealth but required the user to go to one or more additional screens. Accessing additional information about their telehealth services required from one to four additional clicks; three HHAs required one click; two HHAs required two clicks; three HHAs required three clicks; and one HHA required four clicks.

Based on the content analysis of the documents and web site material, each HHA was scored on the extent of telehealth featured in its marketing materials. Scores ranged from 0 to 10, with a possible range of 0 to 3 for the brochure, 0 to 3 for the web site, 0 to 2 for articles or press releases on telehealth, and 0 to 2 for fact sheets (for physicians or patients) (see Table 1).

This assessment of marketing practices revealed that the HHAs are not marketing their telehealth programs aggressively. Of the materials reviewed, the fact sheets were the most explicit about the telehealth program and were the most commonly used method. General marketing materials such as the brochure and the web site conveyed little information to the public about telehealth services.

Last, the stated strategic objectives for adopting telehealth to the actual marketing practices were compared. Figure 1 illustrates that the technological preeminence objective is associated with the most aggressive marketing methods overall (x=5.0). Organizations that adopt telehealth to reduce costs have the lowest marketing scores (x=2.5), followed by those pursuing clinical excellence (x=2.9). The two organizations with unclear objectives had a mean marketing score of 4.0.

Organizational efforts to promote telehealth varied widely among the HHAs. The interviews provided insights into strategic goals as well as management perceptions of telehealth and may partially explain organizational differences. For example, those
TABLE 1
Adoption Strategy and Marketing Scores

<table>
<thead>
<tr>
<th>Home Health Agency</th>
<th>Strategic Objective</th>
<th>Marketing Score*</th>
<th>Targeted Marketing</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>Unclear</td>
<td>6</td>
<td>Physicians, patients, public</td>
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<td>B</td>
<td>Clinical</td>
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</table>

*Combined score from content analysis of marketing documents: brochure 0 to 3; web site 0 to 3; article or press release 0 to 2; fact sheet 0 to 2.

managers who see telehealth as a financial solution to reimbursement challenges may take a slightly different approach in their marketing efforts than those who are more entrepreneurial and see telehealth as a proactive growth strategy. (We note, however, that the managers may have been hesitant to emphasize the cost-cutting features of telehealth, possibly biasing their responses.)

The content analysis of organizational documents also showed wide variation in the use of marketing materials that highlight telehealth services. As illustrated in Table 1, only five HHAs scored 6 or higher in marketing. One-third of the HHAs included information on telehealth in their brochures, and nine of the 19 HHAs described telehealth on their web sites.

Not surprisingly, the HHAs in the early adopter group were a little further ahead than current adopters. In some instances vendor support was clearly instrumental in assisting HHAs. In others, management has dedicated substantial resources to
promote telehealth. All of the managers included telehealth in their visions for the future. The incentives for using telehealth may differ, but consensus regarding its value did exist.

**DISCUSSION**

The HHAs in this project have responded to numerous challenges by adopting a new technology, telehealth. They are trailblazers in the world of twenty-first century healthcare and are on the leading edge of discovering how technology can be used to provide healthcare services more effectively. There are few blueprints on successful management practices; thus, their experiences will add to our understanding of telehealth and its role in healthcare. If the telehealth equipment remains on the shelf rather than being used by patients, however, the investment will backfire. A systematic marketing plan is essential to promote the use of telehealth effectively.

“To cope with strategic surprises and fast-developing threats and opportunities, strategic decisions need to be precipitated and made outside the planning cycle” (Aaker 2001). Through strategic market management, an organization can identify opportunities and risks and avoid knee-jerk reactions that cause stakeholders to ask, What were they thinking? Strategic market management is proactive and future oriented. Rather than simply accepting the environment as given, strategic market management requires that managers be proactive. This approach not only scans and interprets the current environment for trends, opportunities, and threats, but can change the environment in which an organization is
operating, helping to create a niche for the services provided by the new technology.

The initial step in strategic market management is to conduct a strategic marketing audit. The strengths and weaknesses of the current and future health environment, and telehealth’s role, need to be examined. Factors such as long travel time (for clinicians and patients) and reductions in reimbursement are environmental challenges that can be partially addressed through the use of telehealth. Customer needs, such as quality care, convenient caregiver consultations, and active roles in their medical care, need to be identified to shape the strategic objectives for the technology. Overall market factors will have a strong influence on the use of the technology in the environment. The increasing market of elderly patients, current shortage of nurses, and shrinking reimbursements should steer the behavior of healthcare organization managers.

After the marketing audit is completed, the strategic goals of the organization need to be aligned within the environment. As mentioned earlier, three primary strategic objectives were identified (cost containment, clinical excellence, and technological preeminence) for adopting telehealth. A strategic fit must be established for telehealth technology and the relevant market(s). In the case of home health services, relating the strengths and weaknesses of telehealth to the needs of their patient populations will help managers understand the relationship between the two and give direction to their marketing efforts. For example, through the use of a simplified user interface and ordinary telephone lines, telehealth can afford a broad spectrum of patients the opportunity to gain an increased role in their care as well as increase the contact points between patient and provider, resulting in improvements in the quality of care delivered.

One shortcoming (for any organization) may be the start-up costs of implementing a new technology (e.g., initial cost of the technology, technical support, cost of staff and patient training) given the already constrained budgets of many healthcare organizations. By examining the cost relationships between telehealth and the overall market, synergies between the capabilities of telehealth and the environment can be ascertained. Telehealth allows for a greater visit volume per clinician, which, depending on reimbursement, can lead to increased revenues. These costs may be partially offset through federal and foundation grants that help to subsidize costs related to underserved populations. Another promising factor is that the baby boomer population is becoming increasingly tech savvy; this may lead to a reduction in the training time necessary for the implementation of telehealth.

Through strategic marketing management and the use of a marketing audit, telehealth has the potential to be successfully implemented in virtually any healthcare market. A thorough analysis of the current market situation, framed against the technology’s strengths and weaknesses and customer needs, will enable a manager to derive
a strategic goal for the telehealth technology. Further analysis of strategic fit between the technology—telehealth—and the environment will facilitate progression into the design and implementation of a specific marketing plan to address the strategic objective of the organization.

Details of a marketing plan are beyond the scope of this article; however, one component—the message—is particularly relevant to telehealth. The messages must be targeted to the stakeholders identified in the marketing audit, including the patient population being served. Ideally, prior to developing an overall strategy, an organization has examined the characteristics of its patient population. Assuming this process has been carried out, the next step is to align the marketing message with the organizational strategy. Below are suggested strategies for creating marketing messages for telehealth under each organizational strategy.

**Clinical Excellence**

Healthcare organizations that use this strategy adopt new technologies to meet the clinical needs and improve the health status of the patients or populations they serve. The basic message should emphasize the increased contact between patients and providers leading to improved patient monitoring and therefore better outcomes and fewer rehospitalizations. When the emphasizing the benefits of telehealth for patient care, the organization needs to target marketing methods to relevant stakeholders such as physicians and other healthcare professionals. Messages should be centered on the methods used for obtaining clinical data and communicating with other members of the healthcare team as well as continuing education and training for the staff. A perceived deficiency in any of these areas can degrade the overall image of the organization and diminish the effectiveness of the clinical excellence message.

**Technological Preeminence**

This strategy is used by healthcare organizations that adopt new technologies (regardless of cost) in order to enhance their images as technological leaders, thus attracting more customers. Key stakeholders are the general public, including potential employees and service partners. An organization using this strategy should emphasize telehealth on the organization’s web site and in mass media. Interactive demos or other advanced features should be used on the web site to emphasize the technological ability of the organization. A basic, text-based web page will not enhance the image of the organization; furthermore, it will counteract any messages that promote technological preeminence. Printed materials can also be augmented with CD-ROMS containing additional information and demos regarding telehealth and other implemented technologies. The basic rationale behind the messages should stress the ability of telehealth to improve patient care as well as the organization’s capacity to use technology effectively.

**Cost Containment**

Healthcare organizations that adopt telehealth simply for cost-containment
measures need to use an alternative approach when marketing the technology. Typically, potential patients are not interested in what the organization is saving on their treatment; rather, patients are focused on the quality of the treatment and the means by which they receive the treatment. Growing an image as a cost-cutting organization will degrade the reputation of the organization and limit its appeal for the typical patient, but cost containment could be a strong marketing tool when approaching third-party payers interested in both cost and quality of care. The cost advantages of telehealth may enable healthcare organizations to negotiate contracts with third-party payers and thereby increase their patient volumes. Caution should be taken, as payers may use the lower costs incurred by the facility to negotiate lower reimbursement rates.

**CONCLUSION**

Through the strategic management process, specific marketing strategies can be identified for each organizational strategy. Because of the synergies that exist between technical preeminence and clinical excellence, healthcare organizations could also employ a two-pronged approach when marketing telehealth. Using this combined strategy, healthcare organizations can emphasize the improved medical outcomes derived from the use of the new telehealth technology. This combined message should appeal to potential patients on two levels: their belief that technology can improve their level of care, and the knowledge that the organization is investing in this technology to enhance its capabilities in delivering the highest quality care available.

The authors offer the following additional recommendations regarding the message to be conveyed through marketing. They are applicable to any organization that wishes to promote telehealth services.

1. The organization’s brochure must convey the value of telehealth. With visual illustrations and information targeted to specific audiences, it will promote the healthcare organization’s image as a technology leader. The focus on telehealth will portray the organization as an exciting, state-of-the-art place to work and may appeal to a younger generation of nurses, thus helping to resolve nurse shortage issues.

2. Effective web sites must provide concise information that can be retrieved quickly and is visually appealing and easy to read (fifth-grade reading level). The emphasis is on “retrieved quickly.” The MTV generation will not scroll through or wait for long, text-based messages. Navigation within the site should be intuitive and require a minimum number of clicks. Photographs of actual patients or clinicians using the system will grab the viewer’s attention and enhance interest. Quotes will reinforce the message the organization wishes to convey.

3. Newspapers and other mass media reach a wide audience and a variety of stakeholders, such as physicians, case managers, and potential customers. Timely articles, newsletters,
press releases, and so on are essential to promote the organization’s image as a telehealth leader. The marketing plan for telehealth must include timely and targeted media efforts.

Last, recalling Marshall McLuhan’s (1964) phrase from the 1960s—“the media is the message”—the importance of bold, innovative ways to promote telehealth must be emphasized. The medium, rather than the message itself, may be the deciding factor to reach hesitant, resistant, or nontraditional stakeholders.

Acknowledgment
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References

P R A C T I T I O N E R  A P P L I C A T I O N

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I like technology. I think that the future of quality healthcare depends on our ability to appropriately use technology to better the human condition. When I read Dansky and Ajello’s article, I thought, “Absolutely, let’s do it.” Here is the bottom line:
Marketing Telehealth to Align with Strategy

• Telehealth is a clinical information system that enables the interaction of voice, video, and data using ordinary telephone lines.
• Home health service providers are seeking operational alternatives that reduce their costs while maintaining or improving the quality of patient care.
• To be successful, telehealth must be aligned with operational activities such as marketing.
• Dansky and Ajello explore the relationship between the organization’s stated purpose for adopting telehealth—clinical excellence, technological preeminence, or cost containment—and the marketing approaches used to promote telehealth.

The authors conducted both quantitative and qualitative research with 29 home health agencies in a mid-Atlantic state. The home health agencies studied were both large and small, profit and not-for-profit. The research design divided the agencies by history of telehealth use, and 19 agencies were identified as using telehealth technology.

The results of the research reveal that home health agencies are not marketing their telehealth programs aggressively. Additionally, efforts to promote telehealth vary widely among the home health agencies. Finally, the research confirms the intuitive assumption that early adopters of telehealth technology are further ahead with the technology than later adopters.

Based on the research findings, the authors provide the following recommendations:

• A healthcare organization should clearly define its telehealth strategy (i.e., clinical excellence, technological preeminence, or cost containment).
• Healthcare organizations may want to use a multipronged approach to marketing telehealth.
• Healthcare organizations should emphasize the improved medical outcomes derived from the use of telehealth technology.
• Healthcare organizations should appeal to customers’ belief in both the technology and providers’ willingness to use technology.

I work in a hospital with a large associated home health business. The organization is always looking for ways of delivering quality services more cost effectively. Serious consideration should be given to telehealth as yet another channel to communicate with and deliver services to the valued customers of the business. Dansky and Ajello do a nice job of allowing the health practitioner to gain insight into the strategy-technology-marketing connection as it relates to telehealth. Any healthcare organization would be well served to understand the findings of this research before attempting to deliver telehealth services to its valued customers.