Objective: Telehealth use rapidly increased during the COVID-19 public health emergency. While this preserved safe access to care, there was insufficient time to optimize telehealth implementation for its clinical users. We sought to understand endocrinologists’ experiences with synchronous telehealth to identify factors that influence successful implementation and can promote sustained use. Methods: We conducted semi-structured qualitative interviews with a purposive sample of 26 US endocrinologists. We asked about their experiences with telehealth, administrative and
organizational factors, and technology-related issues. We also asked for recommendations for supporting clinicians’ continued telehealth use post-pandemic. We used a directed content analysis and rapid coding approach to identify factors affecting telehealth experiences. We noticed close alignment with and mapped findings to the human-organization-technology fit (HOT-fit) framework, which recognizes human, organizational, and technological factors as common elements influencing health information system implementation. 

**Results:** We identified the following clinician, organizational, and technology factors from the HOT-fit framework that influenced successful use of telehealth.

1) Clinician Factors: Negative attitudes towards telehealth, including resistance towards the technology or concerns that older patients struggle with it, were initial barriers to uptake. However, attitudes were malleable over time. After initial adjustment and training, most clinicians reported enjoying and seeing value in telehealth, and planned to continue using a combination of in-person and telehealth. Although many clinicians voiced fears of missing clinical issues, none reported overlooking findings that would change treatment plans. Clinicians found both benefits and burdens associated with telehealth; flexible scheduling improved work-life balance but some also noted increasing workload.

2) Organizational Factors: Clinicians felt most supported in organizations that provided training and technology support for both patients and themselves, attending to technical, logistical, and clinical needs. Telehealth was less stressful when support staff were reallocated to streamline workflow with ancillary tasks. Scheduling practices affected clinician experience: mixed clinics with in-person and telehealth visits combined with overbooking often exacerbated workflow challenges. Payment policies and parity of telehealth and in-person visits were key factors encouraging clinicians’ continued telehealth use.

3) Technology factors. Almost all clinicians preferred video visits over those by phone. However, clinicians sought improvements in usability and reliability of platforms for video visits and data sharing. Robust IT support in real time reduced the burden associated with using visit time to perform tech support.

**Conclusions:** Favorable clinician perceptions of telehealth are critical for sustained use. Clinicians initially approached telehealth at varied stages of acceptance and comfort. Perceptions of telehealth can improve with personal experience and organizational efforts that address individual training needs, adequate support staffing, tech support, and efficient workflow. Further telehealth implementation strategies by policymakers and health care leaders in endocrinology should address these aspects affecting clinician experience to maximize future success in telehealth adoption and use post-pandemic.

**Presentation:** No date and time listed.