

Navigating Telehealth

THE PATIENTS' PERSPECTIVE

ACKNOWLEDGEMENTS

Navigating Telehealth: The Patients' Perspective

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The authors would like to thank all members of the *HCNSW COVID-19 Consumer Leaders Taskforce NSW* for leading and sharing their expertise that led to the development of this paper.

With special thanks to:

Brad Rossiter	Helen Belcher	Margo Hoekstra
Diana Trickett	Lizzy Harnett	Anthony Brown

Thanks to *Care Opinion* for providing public access to patients' and families' feedback on their experiences. www.careopinion.org.au/

March 2021

This report and the associated background document are available at www.hcnsw.org.au/navigating-telehealth/

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ISBN 978-0-9943298-3-7

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The views expressed in this report are those of the authors and contributors and not necessarily of organisations that may also be affiliated with it. The report is intended to highlight the need to integrate the patient perspective into decision making around telehealth.

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Health Consumers NSW is supported by NSW Health

“I feel that telehealth has reduced the impact of my health on my employment, I feel much less worried about asking for a 5-10 minute break, as opposed to requesting a half day of leave. I am also no longer using annual leave to manage my health and I am now keeping on top of my health management because I am not worried about having to take leave and the impact on my work.”

EXECUTIVE SUMMARY

The rapid uptake of telehealth in Australia during the pandemic has been life-changing for many patients. There has been less pain, anxiety and exhaustion from joining a consultation from the comfort of home.

Being spared the time and cost of travelling to an appointment – often sitting for long periods in a waiting room – has reduced the impact on work and income. And importantly, people who would have delayed or avoided seeking medical treatment due to the obstacles they faced, have gained much-needed care.

This is just some of the positive feedback collated by Health Consumers NSW (HCNSW) into telehealth changes since COVID-19. We provide a valuable window into patient experiences and observations during a period of significant change in Australian healthcare delivery.

Aims

This report is intended to contribute to health system decisions, design, implementation and evaluation of telehealth to maximise the benefits, avoid the pitfalls, and encourage equitable access.

The health consumer messages and suggestions we present are expanded upon in the companion background report (available here www.hcnsw.org.au/navigating-telehealth/). The background report also looks at the telehealth landscape before and after COVID and draws on both local and international research, and clinician and health consumer experiences.

There is no doubt that for countless patients, families and carers, gaining easier access to telehealth has been a tremendous boost. However, there are also many lessons to be learned from health consumers who report poor or mixed experiences.

Some of the problems are specific to telehealth, such as hardware, software and the skill and confidence of the participants to manage the interaction. Many other issues, however, are legacies shared with face to face interactions including concerns with communication, information sharing, co-ordination of care, timely treatment, respecting patient preferences and waiting times.

What is clear from the experiences and comments shared, is the swift implementation of telehealth during 2020 has been a valuable exercise in demonstrating what is possible.

Background

Prior to COVID-19, telehealth adoption was minimal, slow and rarely integrated into usual practice, or absent altogether. In 2019, telehealth accounted for only 0.1 percent of all Medicare Benefits Schedule (MBS) Professional Attendances – about 255,000 out of a total of 200 million in Australia¹.

Medicare telehealth rebates and financial incentives were introduced in 2011 to address access to specific health services, for specific groups of Australians, in narrow pre-determined rural, remote and regional areas. Critically, prior to COVID-19, telehealth was tightly conditional and available to few.

By 30 March, within weeks of COVID-19 striking, the Commonwealth Government made telehealth universally available for all Australians. Through the Medicare Benefits Scheme (MBS), provider, service and patient restrictions were lifted and for the first time, telehealth included phone calls, in addition to video conferencing. Coupled with increased bulk billing incentives (also as a response to COVID), healthcare was accessible to more Australians than ever before.

Unfortunately, as COVID settled, the bulk billing incentives were wound back and the majority of health providers returned to face to face services only. The status quo resumed.

Addressing the media in November 2020, Federal Health Minister Greg Hunt said Australia had just passed 40 million telehealth consultations. He pledged to continue to “make consultations easier, quicker and more adaptable to Australian life”.

What we found

This Report highlights how critically important the consumer voice is in the design and implementation of the telehealth system moving forward. Patients, clinicians and system administrators, must partner and combine their strengths and expertise to effectively prioritise, design and implement innovative, safe and quality health services for the benefit all.

Our review revealed little evidence that the telehealth changes brought on by COVID-19 had been planned with health consumers or had been informed by patients’ telehealth experiences.

This is slowly changing.

More recently consumer representatives have been engaged in some of the critical conversations around the implementation of telehealth, while processes are underway to collect and incorporate patient experience and feedback into the evaluation of telehealth services in NSW.

¹ Strategic review of telehealth in NSW: Final report, NSW Ministry of Health, 8 April 2015, <https://www.telehealth.org.nz/assets/standards/strategic-review-of-telehealth-in-NSW1.pdf>

Report focus

This report contributes significantly to this vital information exchange. Developed by the COVID-19 Consumer Leaders Taskforce – facilitated by HCNSW – it brings together personal experiences, observations and feedback gathered since February 2020.

Sources of information include a public virtual workshop held by HCNSW via Zoom for consumers on 28 August 2020 “Tell us about... telehealth”, and individual health consumer experiences shared on HCNSW’s online platform, Amplify.

We also captured feedback from the independent website Care Opinion Australia and via Consumer Health Forum of Australia national papers and discussions.

Our telehealth review focuses specifically on consultations – where the most significant changes have taken place during the pandemic – rather than the provision of other health, medical and monitoring services. The terms tele, remote, digital and virtual are used interchangeably to mean service provision that is not in-person and is instead delivered through technology.

Virtual consultations include patients and/or families and clinicians; clinician to clinician/s; multiple clinicians; two or more connections and locations; patients located either in their own personal location or in a remote clinical setting; and patients in a virtual consultation with or without real time support and attendance by local clinicians.

Report findings

We explore how telehealth unblocks the path to accessing appropriate care – breaking down the barriers of not only geographical distance, but also physical, emotional, time and cost restraints as well.

We examine how vital it is to provide patient choice. Telehealth does not suit everyone and for those that it does, a mix of consultation modes is important to ensure accessible, effective care that minimises burden and disruption.

We present a range of enablers identified by health consumers themselves, and we have framed the insights from the review into a set of actionable key recommendations.

Ultimately, health consumers want quality care that is safe and never compromised – regardless of how it is delivered.

“Using a mix of in-person and telehealth visits has been ideal. Prescription renewals, follow ups, medical certificates, health guidance all have been efficient and safe via telehealth services. Assessment and provision of referral by email was the best possible option - not having to take a sick person, especially a child, out of their bed and into the car to wait to see a doctor in person should definitely be an option for many situations.”

CONTENTS

ACKNOWLEDGEMENTS	2
EXECUTIVE SUMMARY	3
CONTENTS	6
KEY RECOMMENDATIONS	7
1. Partner with patient stakeholders, embed patient voices	7
2. Maintain universal access to telehealth, equitable care	7
3. Design for optimal care, and design for all	8
4. Boost the confidence of consumers and providers	8
REVIEW FINDINGS	10
Telehealth benefits and opportunities	10
Telehealth challenges and barriers	13
Telehealth enablers	16
WHERE TO FROM HERE?	20
APPENDIX A: About Health Consumers NSW	21
APPENDIX B: The HCNSW Consumer Leaders Taskforce and Consumer Rep Hub	22

KEY RECOMMENDATIONS:

These recommendations have been informed by health consumers' feedback – the favourable, the concerns and the suggestions expressed via a number of different platforms and collated by HCNSW.

Underpinning the recommendations are valuable insights provided by the participants – the review findings – presented over the following pages. They represent a rich array of experiences from community members across metropolitan, regional and rural areas.

We invite NSW Health and the Commonwealth Government to review and act on the recommendations below:

1. Partner with patient stakeholders and embed patient voices into the system

- 1.1 **Commit to partnering and co-designing telehealth with health consumers:** Partner with health consumer representatives to ensure patient and family perspectives and experiences are integrated at every level of system and local design – from problem-solving, goal setting, policy, practices, implementation and evaluation.
- 1.2 **Immediately implement systemic and continual patient feedback into the evaluation and refinement of telehealth:** Use improvement tools already in place – Patient Reported Measures for benchmarking; and free text options like Care Opinion. Patient feedback should be encouraged, on-going, transparent, publicly available and incorporated into regular system reporting. This patient feedback must be also accessible to consumer representatives involved in developing, supporting and evaluating these systems and practices.

2. Maintain universal access to telehealth and strive for equitable care

- 2.1 **Maintain (or advocate for) MBS telehealth access for ALL patients and services:** regardless of geography or other demographics, to reduce the barriers to accessing healthcare.
- 2.2 **Address system barriers such as the current 12-month rule:** advocate for the rule's removal until a full review of telehealth can be completed. Avoid unintended consequences such as these by ensuring all key stakeholder perspectives - health consumers, providers and administrators - are represented, present and balanced.
- 2.3 **Maintain or establish payment parity on services delivered:** determine the cost of the consultation on the service delivered rather than the mode of delivery. Where a telehealth interaction provides the same service as face to face, it should be costed the same. This cost principle applies to both the fee

charged to the consumer, as well as the MBS re-imburement. These principles must also apply to care pathways where telehealth and face to face consultations are blended.

- 2.4 **Commit to a goal that all health providers will incorporate telehealth** into their models of care and clinical practices – through primary, secondary and hospital settings and with optimal modes of telehealth (not just relying on phone consults). Support them to succeed.

3. Design for optimal care, and design for all

- 3.1 **Incorporate clinical appropriateness and patient choice as foundational principles** in system design and practice. Guidelines on clinical appropriateness must be developed and agreed to in partnership with key stakeholders to allow for genuine patient choice that maintains safe and effective care. Ensure patient choice (as defined by patient stakeholders) is incorporated throughout design and practice of the integration of telehealth into models of care – including the choice to not use telehealth.
- 3.2 **Maximise the benefits of multidisciplinary team consults and family involvement:** design for optimising consults where multiple team members and family can participate in telehealth consults.
- 3.3 **Co-design telehealth options that support the full range of accessibility for patients:** from low bandwidth options for those with poor internet access, to accessibility options like captioning – build options into the telehealth mix that ensure it is a genuinely accessible mode of healthcare delivery for those who wish to use it.
- 3.4 **Integrate telehealth and face to face care to allow for smooth and timely transitions** into each other when needed. This will support safe and effective care, and in turn give confidence to both clinicians and patients.
- 3.5 **Streamline telehealth across the patients' spectrum of care:** prioritise shared IT platforms – to make it simple for patients to learn and use; and design telehealth processes that allow for and make it easy for primary, secondary and tertiary involvement and integration.

4. Boost the confidence of consumers and providers

- 4.1 **Address the complex issues of privacy around telehealth consults:** from the data privacy of a recorded telehealth consult to the privacy of a patient participating in a consult without access to a private space – these issues need to be better understood and addressed through protocols and alternative approaches.
- 4.2 **Develop (or promote existing) tools and processes:** clear and concise factsheets, checklists, policies and protocols should be co-designed with a range of patient stakeholders, to assist both clinicians and patients to use the

technology and manage expectations around issues such as communication, information sharing, patient preferences, privacy and payment.

4.3 Support clinicians and their staff to embrace telehealth technology

confidently: provide IT resources, systems and training for clinicians to increase their competence and confidence in using telehealth, particularly online video consultations. Address both their technology and medical concerns and barriers to encourage their willingness to engage. Provide systems that support smooth telehealth booking and management that minimise time waste and support high quality communication between patients and providers.

4.4 Co-design a public awareness campaign focused on patient and citizen benefits and addressing their identified barriers; and explaining the pillars of clinical appropriateness and patient choice to build confidence.

REVIEW FINDINGS

Our review has drawn on several sources of patient perspectives including from a public virtual workshop held by HCNSW via Zoom for consumers on 28 August 2020 “Tell us about... telehealth”, and individual health consumer experiences shared on HCNSW’s online platform, Amplify.

We also captured feedback from the independent website Care Opinion Australia and via Consumer Health Forum of Australia national papers and discussions.

The findings of the review have been outlined below, and presented as:

- Benefits and opportunities – stories of where increased telehealth access was embraced and made a difference to people’s lives.
- Challenges and barriers – when telehealth was problematic, or access wasn’t ideal.
- Enablers – where health consumers identified improvements or opportunities for telehealth.

Telehealth benefits and opportunities

COVID-19 signalled a momentous change to how telehealth was defined and applied in Australia. Historical barriers to its implementation were temporarily mothballed or swift compromises put in place. Almost overnight, we were fast-tracked into a mode of healthcare delivery previously enjoyed by only a select few.

A common theme in health consumer feedback was the strong desire for telehealth to not only continue, but continue with genuine equity that prevailed during COVID-19 “lockdown” including access and cost. While reducing the spread of COVID-19 was a driving factor for telehealth expansion and uptake, it gave people an opportunity to experience wide-reaching health and wellbeing benefits – often for the first time.

Health consumers report a keenness for telehealth to stay, expand and be adequately supported. Below are some of the positive telehealth benefits health consumers express a strong desire to retain.

Improved access

More than a third of comments collated by HCNSW highlighted convenience as a benefit. This included not having to find childcare by attending the consultation at home or work; or in the case of family members who are not co-located, being able to participate in telehealth consultations.

However, telehealth doesn’t just save people time and hassle not having to leave the house or work. Patients report it is reducing barriers to accessing care, minimising the risk of cross-infection in waiting rooms, and supporting people to better manage mental health and chronic conditions.

“I am someone with chronic pain and fatigue ...<and> a compromised immune system... Sometimes I am unable to leave my house due to pain and/or fatigue.

Previously I would have had to miss medical appointments, delay medical treatment or make my fatigue and/or pain worse.”

For regional, rural and remote communities, telehealth is a game changer. It has shown that when clinically appropriate and where patients are open to it, telehealth can yield significant benefits for patients and families, including minimising unnecessary travel.

“Telehealth is now a brilliant service available at my local hospital... This avoids previous Patient Assisted Travel Scheme (PATS) transfers and flying with an escort, just for a 10-minute consult with a <city> Surgeon or Specialist. Now avoids the PATS costs, usually a 14-16 hour day, and often very painful experiences – sitting in a transit wheelchair for this time – plus, often a long wait in clinic waiting rooms &/or transport back to airport terminals.”

The Royal Prince Alfred Virtual Hospital pilot program and the prioritisation of telehealth in the 2019-2020 NSW Health Strategic Plan are prime examples of telehealth addressing distance challenges beyond geographics. HCNSW heard many accounts of other roadblocks being removed.

“I’m disabled, I usually find the travelling exhausting and a major barrier to accessing even basic healthcare with my GP. <Telehealth> has been a godsend.”

“Prompt renewal of prescriptions and faxing to chemist. Time management...no need to book a wheelchair taxi and get in and out and wait in the surgery ...quicker consultations and mostly very close to scheduled timeslot.”

Minimising lost time in preparing to travel, making the journey and sitting in a waiting room has financial benefits for patients. These are amplified when multiple appointments, or accompanying family support are part of the picture. Even when healthcare is close by, hours of time and income can be lost.

“I am a young adult working full time which often makes it challenging to find time to manage my chronic health conditions. I have had the same GP for nearly 15 years who is across all of my conditions, specialists and the nuances around my health needs, however over time, I have moved further from my GP and work nearly an hour away. The change to telehealth has made managing my health so much easier – I can now get a blood test referral over the phone, from work, in a 5-minute break, as opposed to needing to take half a day of leave to visit my doctor. Similarly, I can get the results and any necessary referrals to specialists just as easily. I feel that telehealth has reduced the impact of my health on my employment, I feel much less worried about asking for a 5-10 minute break, as opposed to requesting a half day of leave. I am also no longer using annual leave to manage my health and I am now keeping on top of my

health management because I am not worried about having to take leave and the impact on my work.”

The gold standard – improved access and effectiveness

Reduced time spent on waiting lists has been a positive spin-off for some patients. For others, the immediacy and ease of a phone consultation means they are more likely to seek care early, rather than wait for symptoms to worsen.

“Living remote means we often have longer wait times for essential services, but I believe telehealth is helping bridge that gap.”

“Telehealth has meant my GP is more able to make appointments for urgent things available, if they don't require a face to face consult.”

Having access to a blend of telehealth and face to face consultations received high levels of satisfaction from patients and families.

“Using a mix of in-person and telehealth visits has been ideal. Prescription renewals, follow ups, medical certificates, health guidance all have been efficient and safe via telehealth services. Assessment and provision of referral by email was the best possible option – not having to take a sick person, especially a child, out of their bed and in<to> the car to wait to see a doctor in person should definitely be an option for many situations.”

Telehealth can be a tool to encourage and support multiple health professionals coming together with their patient and family at the same time, to better co-ordinate care within and across specialties; and as people move into different health environments.

“My very elderly parent, ...was admitted very ill during the night recently. When I saw my parent in the morning so very ill, I can honestly say that at that point in time I thought we were very close to losing them. Well, with the amazing care of the nursing manager, the nursing staff and the tele-link medical consultants, over the following week I am overjoyed to say that my parent is now fully recovered and in very good health.”

Telehealth challenges and barriers

While recent telehealth changes have heralded a new era of increased access to healthcare, for some patients and their families, telehealth has introduced fresh barriers to receiving treatment and support. Issues include inappropriate and inaccessible technology, communication problems, internet access and privacy.

While better telehealth technology and practices will address some of these issues, some may be far more challenging to fix.

Reduced access

12-MONTH RULE IMPACT

Following advice by the Royal Australian College of General Practitioners (RACGP), in July 2020 a condition was added requiring a patient to have had at least one face to face consultation in the previous 12 months to qualify. There were four exemptions – people who were homeless; children under the age of 12 months; patients referred by a GP or non-GP specialist; and people living under Stage 3 restrictions.

This rule created problems for long-standing patients of GPs who were otherwise healthy and infrequent consumers of their GP's services; healthy people who have not had the need to invest in a long-standing GP relationship; people seeking one-off specialty health services, such as sexual health; and other vulnerable groups who for a range of reasons do not have ongoing relationships with GPs.

“My family GP of more than 20 years this morning refused us an appointment as we have not been in for the last 2 years. I explained the only reason we haven't is because, fortunately, we are not sickly people and only need to see him today because of a weekend sporting injury (the doctor already <received> the documentation from the Hospital Emergency department).

Apparently, it is now their new 'COVID-19' policy and told us to go elsewhere. Even a telehealth call was not an option because of the COVID-19 risk. Um, what risk if we are not there in person? And still told to find someone else. I said going on that thinking every GP would refuse us on the grounds we've never been there before. He has all our history.

So, are we being punished for not being sick, not being repeat business and not draining the health system unnecessarily?

Does that mean he is no longer our GP?”

Inconsistent and confusing bulk billing

For a short time, many more consultations were being bulk billed, giving people access to specialists they may not have otherwise been able to afford. Reintroduction of fee for service for some telehealth consults reinstates inequitable access to healthcare and has led to significant confusion among consumers.

Bulk billing is a complex issue and there are no quick solutions. While it would be ideal

for bulk billing to continue for all telehealth, at the very least information needs to be clearer for patients including ensuring they are aware they will receive a bill in the mail or via email (and its likely value) following their telehealth appointment.

“It has to be transparent what the cost of the consultation will be. I don't want to pay as high a price for a telehealth consultation as I do for face to face.”

Conversely, some patients are mindful that uniform bulk billing may mean telehealth is unsustainable for providers.

“Bulk billing is not fair to medical practitioners – if telehealth continues it needs to be remunerated better or not bulk billed.”

Reduced effectiveness

Health consumers reported some providers managed telehealth really well – being prepared, being respectful of their time and understanding how to get the most out of a telehealth appointment. On the flip side, some patients had similar challenges to what they encountered in face to face consultations – simply carried over to the telehealth setting. For example, up to 20 percent of our survey respondents indicated poor communication with telehealth. This appears to point to a skill gap, rather than a technology gap.

Having telehealth accessible, did not always mean it was effective or free of problems. Some patients found consultations were too short, limiting what could be addressed in the timeframe. For others, lack of privacy was a real issue, ranging from potential risks to their safety such as in domestic violence situations or diminishing the usefulness of the consultation.

“I wasn't able to emotionally connect with my psychiatrist because I didn't have privacy at home.”

“The doctor needed to ask upfront if this was a good time. They phoned me with regards to follow up some tests. I was in a supermarket at the time.”

Many patient-provider consultations include activities that simply cannot be supported (or readily supported) by telehealth. And in some cases, the system just didn't work for people.

“Physio over telehealth has been a challenge. They can't actually see the details of movements. Also trying to explain where I needed <an> x-ray in my foot was really difficult. It wasn't somewhere obvious like my heel or big toe to describe.

Also, the failings of technology have been a challenge, wrong room numbers for the NSW virtual rooms, internet dropping out etc.”

When telehealth isn't the best option

Telehealth is not a replacement for physical care. It cannot perform a physical examination and it is more difficult to support deep person-to-person connections or alleviate the disconnection people who are isolated face.

Some health consumers felt strongly that the first appointment between a patient and a clinician should be in person, if safe to do so. They also believed face to face was appropriate when bad news needed to be shared, major changes to treatment were made, or when medical tests or interventions were not possible via telehealth.

Accessibility issues have meant some patients have poor experiences of telehealth or their needs are not met at all.

“Telehealth has not had LIVE captions – the platform my GP has used has not been optimal in that sense if the patient is deaf and needs captions, the telehealth option is useless and potentially very problematic with misunderstandings arising for lack of ability to understand/hear the GP. I had one telehealth appointment with a specialist that was very stressful because I didn’t understand anything he said, then that was it...lost my opportunity and have to wait now months to see him again in person (and hope COVID won’t restrict things then).”

Telehealth enablers

Health consumers offered a range of suggestions for increasing the efficiency and effectiveness of telehealth.

Remove uncertainty – Make current MBS codes permanent

For providers and patients to embrace (and invest) in telehealth it is vital for the Commonwealth Government to give certainty and change the MBS status of current arrangements from temporary to permanent. The certainty about MBS funding and service and patient eligibility will encourage providers to have confidence and make the commitment and the investment decisions necessary to its success.

“Not happy that now services are disappearing.”

“More funding needs to be further considered. Should be an option for vulnerable. Rural families should have 100% access.”

Design for optimal care: clinical appropriateness

While stressing the need for a patient-centred approach, health consumers emphasised the use of telehealth should be based on clinical appropriateness. A mix of face to face and telehealth was ideal for most people, with several preventative interventions required in person at GP visits, including blood pressure checks and medication reconciliation.

“There need to be more guidelines for what constitutes a situation which makes telehealth appropriate. There needs to be a better baseline.”

“Some guidance on identifying where face to face is required including periodic face to face checks in relation to ongoing condition treatment and monitoring.”

Design for optimal care: patient choice

Telehealth will never be the right choice for any patient every time. Nor will it be the right choice for every patient, even when clinically appropriate.

There will be times when telehealth is simply not suited to meet a patient’s current needs, due to their access to technology, digital literacy, personal attitudes, or particular points of emotional vulnerability. There will be some for whom telehealth will never be adequate. For others, it will be their preferred choice.

A common thread through the health consumer feedback was the importance of patient choice to ensure timely and effective care.

“It should ... be recognised that rural people don’t always have terrific reception and so telehealth is sometimes just not going to work. Not everyone is computer literate either, so telehealth for elderly family members has required tech support from the family. I think they have felt stressed by this at times.”

“Sometimes I think the patient knows they need to see the GP for matters telehealth will simply not address. Perhaps the patient should be able to

determine this themselves because it is too costly for patients to do both telehealth and then an appointment.....”

“In the future, whether it is a telehealth or in-person appointment, should be decided by both the provider and the consumer – we do not want telehealth visits mandatorily replace in-person appointments just because it suits the health professional or health service.”

Design for multidisciplinary team consults – AND include patients

Telehealth is ideally placed to enable multidisciplinary discussions more easily - for patients who require more complex and chronic care and treatments, or simply the short term intervention of multiple clinicians. When this happens well, it leads to improved care planning, co-ordination, family involvement and optimal outcomes.

“Better team/clinic telehealth appointments so that the teamwork aspect of these kinds of visits is not lost.”

To bring the benefits of access to vulnerable patients, there was discussion about having health centres where consumers could get the support they needed to have a telehealth appointment with the provider they might otherwise not easily see. For example, when COVID-19 is not a risk, bring elderly patients together in a regional community clinic supported by nursing staff. This would provide valuable social interaction, yet also support telehealth consults with specialists who are not physically present.

Design for family involvement

Design for consultations to cater for, and include, family members as a process default to allow patients the choice of having family involved, regardless of the location of the family members. This is about having the choice to have family members present, at what level, as well as the choice not to.

“Older relatives needing lots of help to actually access telehealth and then their privacy is compromised with needing another person to sit with them.”

“Not a great relationship builder – my mother-in-law, while she loved the convenience of the consultation, after two consultations, she still doesn't know who the doctor is she has been talking to. I wonder what would happen if she had to call them for any reason, rather as it works now for her – a scheduled call organised by the health service.”

The risk of telehealth is that in the absence of a physical interaction, clinicians may transfer some monitoring and treatment interventions to family members who may already be overwhelmed and place an unintentional but significant burden that impacts patient care.

Improve the range of available telehealth options

According to MBS data, after the onset of COVID-19, phone consultations far

outweighed the number of video consultations. This was consistent across health provider categories (GPs, specialists, and other medical practitioners) and whether Australia-wide, or NSW specifically.

A recent self-reporting survey by the Royal Australasian College of Physicians suggested more than 90 percent used telephone consultations, while 75 percent adopted video². However, when you look at the volume of claims to MBS, 30 percent of specialists used video. The data also highlights that GPs were the most reluctant to use video services, with only three percent embracing the technology since March 2020.

Interestingly, face to face consultations continued to dominate overall after COVID-19, comprising more than 70 percent of all consultations.

Health consumers hold firm views over what telehealth mode best suits their needs. If the consultation was done well, they were more likely to be converted and willing to use telehealth again. Consumers want choice over the mode of telehealth used with providers, including with accessibility features.

“Make it available for all people.”

“More video consults”

Improve connectivity and technology for all

People located in rural and remote areas; those who are financially disadvantaged; or from low socio-economic backgrounds with lower digital literacy are among the groups who most need reliable and affordable access to the internet. Unfortunately, they are also less likely to have it, impacting their ability to access telehealth smoothly or at all.

“Telehealth has required a good internet connection and has sometimes dropped out which has wasted valuable time. More time has been spent troubleshooting on internet and connection issues, than the consult itself.”

“Telehealth providers having better systems/internet set up so once a few people are on, the system doesn't lag.”

Improve appointment management

Before a telehealth consultation proceeds, health consumers are seeking to know the 'rules of engagement' including how to make and join an appointment; how it will run; details about costs, if any; and an understanding of the expectations on them.

Some people reported having to wait long periods, even hours, for a telehealth appointment and had increased anxiety levels, worrying they had done something wrong and/or missed the appointment. There seems to be a presumption that it is more comfortable and less time-wasting waiting for a telehealth consultation at home. However, an inability to get on with important tasks or having to wait for the consultation somewhere other than at home, made the process very frustrating.

² Results of RACP Members' Survey of new MBS Telehealth attendance items introduced for COVID-19, June 2020.

“We live on a farm. My husband had a 10am appointment. He waited with the phone for a call that didn’t come. We called, only to be told the appointment was for 2pm. We were not notified. Again, he came back in and waited with the phone. Thirty minutes later, the call did not come. He went back out. The call finally came at 2:45pm. He missed it. Try again.”

Improve preparation, communication and coordination

We identified that many providers needed training/skills development in telehealth delivery. This included how to better communicate using telehealth to build a richer consultation. We identified the importance of quality communication between the patient and provider as critical for good health outcomes and it influenced many aspects of telehealth.

“At times (particularly earlier on) poor communication about who was going to contact who and how exactly the consultation would take place.”

“Some kind of email receipt confirming what scripts go to what pharmacy etc”

“A little bit more structure, confirmation of attendance (billing confirmation - ensure that the right items are being billed) ...”

Involve consumers and their representatives in developing tools and processes

Some consumers suggested simple factsheets, checklists and protocols be developed to assist both clinicians and patients to use the technology. There also needs to be checklists or decision tools for determining when telehealth is a good option and when it might not be the best choice. It is important for consumers to be involved in producing this information.

“There needs to be some really easy factsheets/resources on how to participate in a telehealth appointment.”

Address privacy issues

A factsheet or checklist could provide guidance to health consumers around privacy challenges and may help steer them to in-person consultations when more appropriate.

For instance, people who live at home with parents or in share households can often not get the privacy they need for a telehealth appointment. Examples were given of people joining appointments in their car or outdoors in the park to seek privacy.

At a system level, digital privacy will need to be addressed, particularly if telehealth consults are to be recorded. Many health consumers indicated they would like a copy of the consultation’s recording as a valuable record.

“Telehealth should also never be offered if it cannot cater to a patient's disability. They should be respected – they are individuals and rights to privacy apply.”

WHERE TO FROM HERE?

Telehealth in the world of COVID-19 has demonstrated enormous value, with significant opportunities for further enhancements. What the future looks like for online and over-the-phone health consultations is uncertain. Losing the gains made during the pandemic, and reverting back to the pre-COVID status quo, is a concern many health consumers share.

Universal access to telehealth is the ultimate goal, underpinned by a strong foundation of two pillars: clinical appropriateness and patient choice

Before COVID-19, systematic reviews showed telehealth to be effective either in improving outcomes or providing services with no difference in outcomes, for a range of clinical conditions, such as cardiac failure, coronary artery disease, diabetes and for stroke rehabilitation. A number of other additional studies also support no difference in quality or outcomes compared to usual care.

Health consumer stakeholders are essential in ensuring current telehealth services are the best they can be, and the full potential of the technology is realised. Embedding consumer feedback and experience into the system and partnering with their representatives is fundamental to realising the benefits.

The most significant finding from our review was the absence of published, or unpublished and available evidence with the specific intent to collect, probe, interpret and consolidate patient perspectives that directly contribute to the 'valid' evidence base use for making systematic and local decisions regarding telehealth. This needs to be rectified at a system level.

In the interim, this report and the background report seek to help fill that gap.

Telehealth is a method of delivery, not a model of care. Health consumers want to have the option to opt in or out as their clinical or personal needs change. Many seek support around digital literacy so they can begin or improve their telehealth journey. They want integrated care across clinical disciplines, and through primary, secondary and tertiary health sectors. Health consumers seek uncompromised treatment regardless of their ability to access services including where they live, how much they earn, what their cultural background or their physical or personal circumstances are.

Since the onset of COVID-19, there has been an abundance of articles, papers and opinions on telehealth – almost solely focused on implementation. In other words, how to support health providers to prepare and adapt to incorporate telehealth into their suite of service delivery modes to ensure telehealth performs at its best.

It is easier for clinicians to embrace telehealth when MBS payments are the same across face to face, video and telephone delivery. This allows health providers to focus on optimal patient care unencumbered by financial influence. While that occurred, patients reaped the benefits of freely available universal healthcare.

Telehealth success requires patient voices and health consumer stakeholders as equal partners at every point decisions are made.

APPENDIX A

About Health Consumers NSW

Health Consumers NSW is a membership-based, independent, not-for-profit organisation that promotes and practises consumer engagement in the NSW health sector. We create meaningful partnerships between consumers, the health sector and policy-makers. Our mission: Consumers shaping health in NSW. We promote the best quality, appropriate health outcomes for consumers of health care services. We believe that all perspectives are important and necessary to create better health outcomes for people. Consumer engagement leads to better health outcomes, more efficient and effective services, consumer-centred care and happier patients and staff. We work to ensure that health consumers are involved in the design and delivery of health care in NSW.

Contact Details:

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Online engagement: amplify.hcnsw.org.au/

APPENDIX B

The HCNSW Consumer Leaders Taskforce and Consumer Rep Hub

This Report was developed following a process that was devised by Health Consumers NSW, and agreed to by the Consumer Leaders Taskforce prior to commencing the review. The Consumer Leaders Taskforce provided guidance, contributed directly to the report via a working group, and supported the broader consultation with the Consumer Rep Hub (amplify.hcnsw.org.au/covid-consumer-rep-hub).

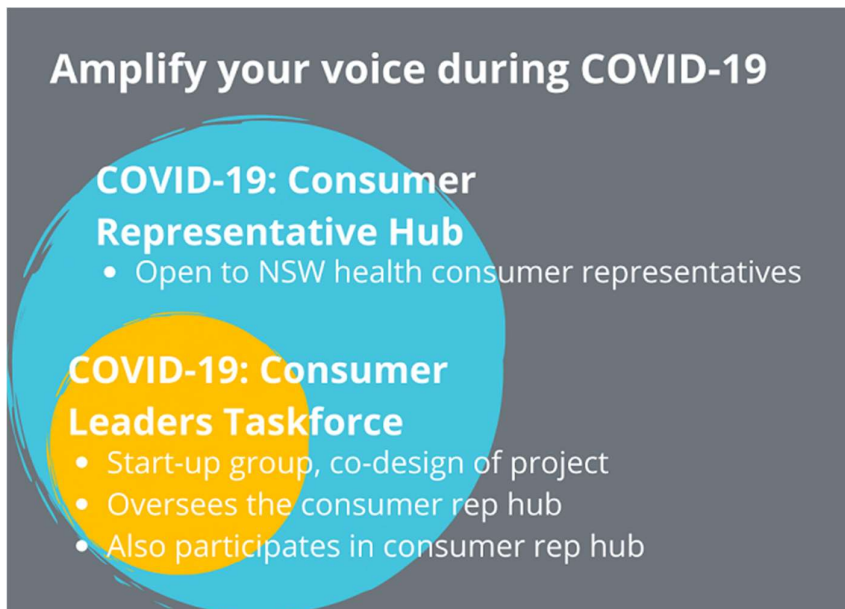


Figure 1: The Consumer Leaders Taskforce and the Consumer Rep Hub

The process was put in place to support rigour and accountability in the reports resultant position and recommendations.

This process was conducted remotely using:

- Email
- Zoom meetings
- A public Zoom workshop for health consumers
- The HCNSW online engagement platform Amplify – amplify.hcnsw.org.au



COVID-19 Consumer Leaders Taskforce
amplify.hcnsw.org.au/covid-consumer-rep-hub

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