

## Harnessing the potential of telehealth/virtual care

*“I’ve got big dreams for this to get bigger and better” a health consumer said.*

5 June 2020: Consumer members of the COVID-19 Community of Interest and consumer reps from Queensland’s PHNs participated in two Consumer Conversations during the week of 1 – 7 June 2020. This is a summary of those conversations and also includes what consumers have said over previous weeks around virtual care/telehealth.

Rapid expansion of telehealth has emerged as one of the positive outcomes from the initial response to COVID-19. There’s been a rapid growth in its use with a parallel growth in skills, awareness and comfort in how to use it by both consumers and their health care providers.

The **key insights** shared by consumers from both conversations included:

- Everybody is doing it differently. Let’s make it simpler, easier and less complicated for all consumers and health care providers to use telehealth.
- Let’s ensure there is public awareness and system-wide acknowledgment of when and where telehealth is inappropriate.
- Ensure consumers have choice in the way their healthcare is delivered e.g. face-to-face or by telehealth.
- Virtual care should be based on clear criteria, consumer choice and be clinically appropriate.
- Now is clearly the time to harness the potential of telehealth and address the gaps and inequities of this model of health service delivery.

### Consumers see the benefits of telehealth

Consumers who have received care via telehealth appointments with GPs, allied health professionals, nurses and specialists have identified the following benefits for them and their health:

- Saved people time, money and stress. Important benefits especially in these financially stressed times.
- Consumers have felt they have received comprehensive and safe care, with a chance to ask questions of their care providers.
- Protected people who are at high risk of exposure to COVID-19
- Enabled people to monitor their chronic health conditions from the comfort/safety of their home.
- Increased access to healthcare for those who would be unable to manage face-to-face appointments for a number of reasons. Important to see that this is about the delivery of healthcare that can support health outcomes and patient experience, and not be seen simply as ‘technology’ – it is healthcare first and foremost supported by technology.
- Diverse groups of consumers have repeatedly said they want telehealth to stay. One consumer said, *“There is a level of tolerance and flexibility for telehealth right now. There’s also an appreciation that we have to make it work.”*
- Consumers can see that when it is clinically appropriate, telehealth and virtual care can enhance their health outcomes and healthcare experiences. However, consumers would like for this to be

their choice, so if they would prefer a face-to-face care, this can be arranged and this does not compromise their care.

- Consideration should be given so it's not a one size fits all approach to virtual care and acute capacity. There are many people with disability who have experienced positive benefits and outcomes during COVID-19 and some people who have found this new virtual care environment challenging.

### **Need for on-going consumer-led improvements (co-design and patient mapping)**

Consumers said that telehealth reflected health in general with its unnecessary complexity, differences between tech platforms, differences between health providers and sectors. It's possible that telehealth/virtual care has the opportunity to drive much-needed changes across the health care system and consumers want to be a part of that transformation. Consumers recognize the value of working together towards a seamless telehealth experience across primary, tertiary, specialist, allied and private healthcare and to ensure consumers perceive there is quality and safety built into the model.

Consumers would like to be involved in leading service improvements through a co-design process. Some suggested developing Consumer Guidelines for delivery of virtual care to ensure it is consumer-centred, evidence based and appropriate to receive virtually. This may need to be issue/needs based by patient groups.

Understanding and mapping patients' journeys with patients will help to lead service improvements. New services/innovations when co-designed are best placed to meet the needs of consumers, clinicians and the health system. This would help to identify and remove the unnecessary complexity, confusion and myths which surround telehealth which makes it a barrier for consumers and healthcare providers.

Through patient journey mapping, key considerations could be made to increase healthcare effectiveness. Currently, geography is a barrier for some to have key family members attend their appointments but telehealth removes this barrier. Provision needs to be made for a patient to nominate one or two others who they would like to attend telehealth appointments with them for example an adult child who lives 1000 km from their aged parents. The importance of a support person on the call or video-conference for the consumer cannot be under-estimated.

Co-designing these solutions with consumers, especially those living with a disability and/or a chronic condition, will ensure the care is appropriate, accessible and effective. Universal design will ensure all abilities will be able to use and access care provided through technology.

### **All-of-health virtual care**

To make an appointment effective, often the healthcare provider needs access to test results and a range of other health professionals (including senior consultants). If this can all happen virtually, then it improves the efficiency for the health system and the experience for the consumer.

If consumers could also access key tests (pathology, x-ray) at home or virtually, then this would further increase the effectiveness and ease of appointments.

Consumers do not want telehealth to duplicate or delay their healthcare unnecessarily – so if the appointment is not going to result in the essential outcomes because it needs to be done face-to-face, then this should ideally be identified before a telehealth appointment is arranged.

*“This means having the right tests or information available prior to a tertiary consultation (so that everybody's time is not wasted) and ensuring that if an "in-person" Outpatient process typically includes a review by a Registrar / Fellow who then discusses with the Consultant who then consults with the patient, then the Telehealth service also must allow for this. Otherwise there is a high risk that a patient may not have questions answered and instead a virtual healthcare appointment is repeated with an in-person appointment, which is a duplication not an efficiency.”*

### **Practical ways to increase ease**

There are a number of improvements that could be done now to increase ease for consumers.

Waiting times: Some consumers said they are given a window of 4-5 hours for a telehealth appointment which makes it difficult to plan their day. Consumers suggested it would make it easier if you were to receive a text message 20-30 minutes before the appointment or to have appointments made in smaller windows of time e.g. 1 hour – 90 minute windows.

Useful instructions (in writing, pictures and video) that specifies what you need in terms of devices and specifications. Also a chance to test your system prior to the appointment so the consumer feels confident they will have an effective consultation with their health care provider/team.

Consumers would like to receive the same level of written information (or diagrams) following an appointment as they would if they attended the appointment in person. This means the health professional sending them instructions on how to take the medicine or signs to watch for either deterioration or improvement of health.

Consumers want to know if they can record telehealth appointments so they can listen to the information again. Or upload their own health data so its accessible to their health professional. Consumers see that telehealth can transform the way they receive care.

### **Equity of access – overcoming the digital divide**

There is a real concern that the move to virtual care may create a digital divide and lead to an increased disparity in health outcomes in Queensland. There are also issues with access to data and ICT devices so any strategy going forward will need to consider both system and consumer capability and capacity. Consumers suggest that those who are identified as priority Queensland populations have a targeted education and supported assistance so they can access and use the technology competently. That models of care targeted to support the health outcomes of these people are designed with them, to ensure care is accessible and comfortable and reduce the likelihood of a digital divide occurring. And to recognize that patient choice is important and if a person chooses not to use virtual care that this does not adversely impact their care and health outcomes.

### **Education/training/awareness**

This is all new. We need a major public and professional telehealth education programme. Consumers would like a focused education program to help key population groups learn how to use telehealth and to feel comfortable with it.

Consumers would also like health professionals to receive training on use of technology to ensure a telehealth care or virtual care is done well. One consumer identified that the flying doctors have learned skills on what questions to ask and how to ask them to ensure maximum benefit from a virtual appointment. These skills are transferrable and flying doctors are well-placed to provide this training to other health care professionals.

Increase telehealth support for specialist units which provide care for particularly vulnerable Queenslanders including people with renal, respiratory conditions, and/or diabetes.

### **Security and privacy**

Some health care providers outside of QH are using platforms that are not secure. Consumers are concerned about their own privacy and the security of these platforms. Setting a minimum standard for health care providers to use is important for consumers on-going confidence with their privacy and security.

Information about the security, privacy and confidentiality of the system being used should be made readily available as many consumers will seek this out to assure themselves before their first appointment.