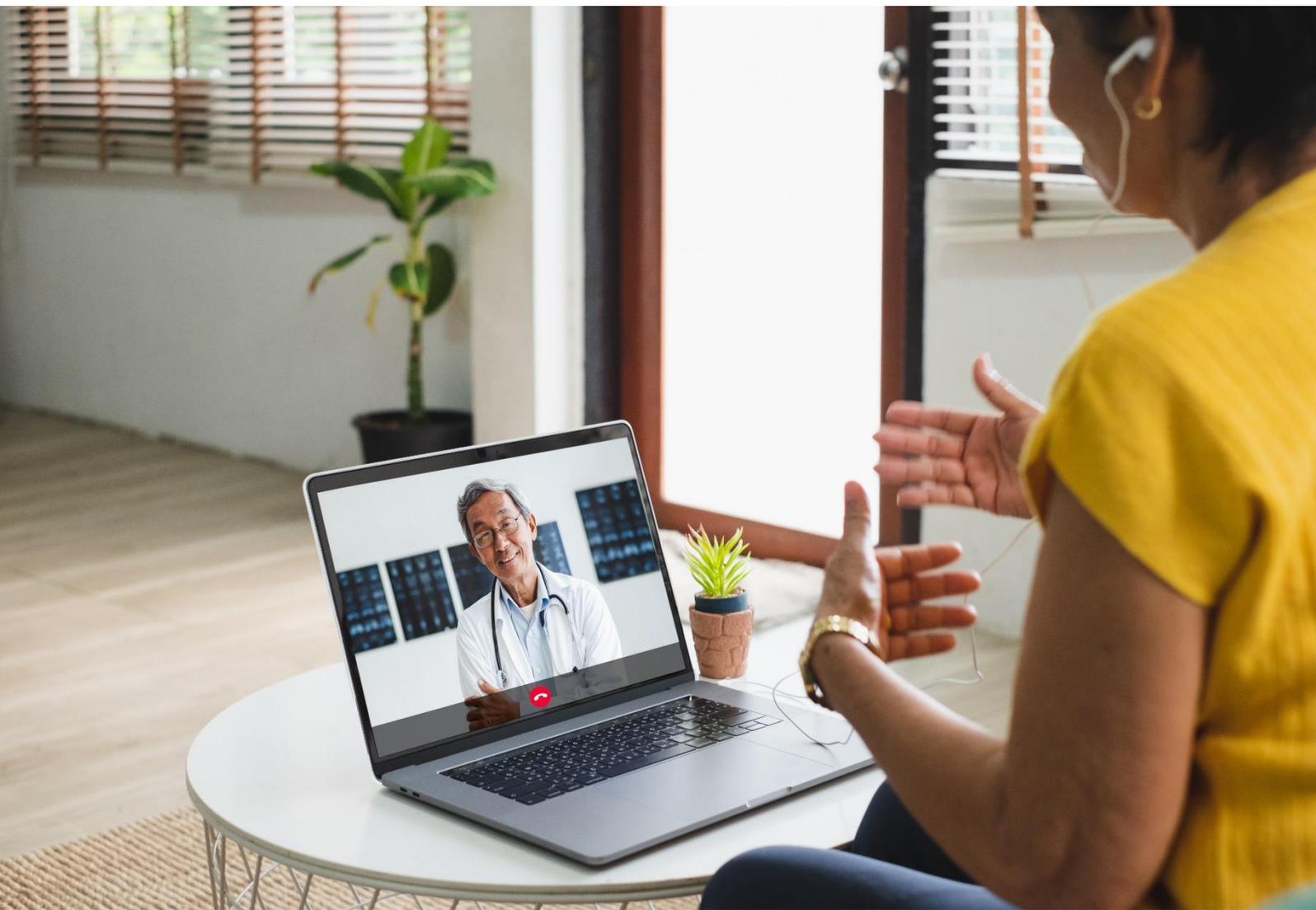




**Health Issues Centre**  
Consumer voices for better healthcare

HIC/SCV Forum Series on involving  
Consumer Leaders in Healthcare Reform  
- Telehealth  
Forum Report



October 29, 2020



## Introduction

On Thursday 29<sup>th</sup> October 2020 Health Issues Centre (HIC), hosted its first forum in a series of four, aimed at engaging with consumer leaders, advisors and representatives around Victoria on issues of health service reform. The first forum was on Telehealth.

All the forums will be co-designed and co-presented with consumers to ensure that consumers voices and ideas remain central to each event.

47 people registered for the first forum with 37 participants attending on the day. The forum was delivered in a style that combined breakout sessions and feedback from small groups following discussion on key themes relating to Telehealth. Two of the key themes and *scene setters* were introduced by consumers, Sandra Anderson and Ian Dennis, and one by a HIC staff member.

Prior to the forum a background issues paper on Telehealth was produced by HIC and the two consumers advisors, and was provided to registrants. The paper covered the following themes:

- What is Telehealth
- Standards and guidelines on how Telehealth is conducted
- Which clinicians use Telehealth
- Pros and cons of its use
- Other issues such as how will Telehealth work in the future.

The Issues paper aimed to provide basic information to enhance the participants' knowledge of the issues to be discussed at the Forum. It included a series of discussion points which formed the basis for the Forums' agenda and format. The discussion points were:

1. Are providers complying with Telehealth delivery requirements?
2. What are consumers views about Telehealth in the future?
3. Consumers views on co-designing Telehealth – how can consumers ensure they are central to the way Telehealth is rolled out in the future?

## Format of the Forum

The forum was delivered in a format that comprised three sessions introduced and facilitated by two consumers and one HIC staff member. The *scene setting* scenarios addressed the three discussion points outlined in the issues paper. These were then followed by seven small group breakout sessions that allowed for discussion and group feedback to the main plenary group. Each breakout group was asked to nominate a facilitator and a scribe who could report back to the plenary.

## Discussion point one: Are providers complying with Telehealth delivery requirements

Sandra Anderson, Consumer Advisor, set the scene for the first discussion point. Sandra set the scene by outlining a personal experience of a Telehealth consultation, relating to a member of her family. The consultation proved to be unsuccessful from the consumers perspective both in terms of the protocols and delivery requirements followed during the consultation and the clinical outcomes achieved. The Telehealth consultation resulted in a follow up unscheduled face to face presentation at an Emergency Department that provided the right clinical outcome for the consumer. Consumers were asked to reflect on their own experiences of Telehealth.

### Feedback

Feedback from the breakout groups on this issue covered a number of themes, including:

#### Benefits for consumers i.e. Travel time saved

- Telehealth seems to work best when consumers have a strong existing relationship with their clinician
- Consumers and clinicians alike recognise that the time saving aspect of Telehealth is very beneficial for rural patients in relation to travel time and cost. In addition, some consumers are finding it increasingly beneficial to have home based treatments that do not require them to travel to clinics or service providers
- Consumers with conditions such as cystic fibrosis and diabetes are able to use phone apps to help them monitor conditions and these apps link into the Telehealth system
- Telehealth can also be beneficial in terms of providing an opportunity to access additional services, such as virtual exercise/rehabilitation classes
- Interestingly, it was pointed out by some consumers that Telehealth seem to have also improved clinician's timekeeping for the benefit of consumers. Are we spending less time in waiting rooms?

#### Telehealth vs videoconferencing

- Consumers felt that videoconferencing works better than telephone for consults. It was noted that if a consumer had a complex condition Telehealth could be challenging. Anecdotally, it was noted that some clinicians/services that can offer video conferencing are finding that a lot of consumers are choosing to use telephone services only
- For initial consultations some consumers found it useful to use photos to help clinicians identify issues/conditions

#### Drawbacks for consumers i.e. confusion over consumers rights

- Consumers expressed concern that the guidelines around how Telehealth is supposed to be provided have not been widely publicised or made available to consumers
- There is confusion on the part of some consumers as to whether they have to be offered a Telehealth consult that is via telephone or video and/or whether they can be offered a face to face consult as well. Anecdotally, some consumers only seemed to be offered telephone consults

- It was noted that as well as benefits, such as reduced travel time for some consumers Telehealth also has limitations for people with visual and hearing impairments, learning disabilities or for consumers who come from Culturally and linguistically Diverse backgrounds. For example, how many services use AUSLAN interpreters for consultations?
- Some consumers were having difficulty in relation to e-prescriptions, with some prescriptions not being forwarded onto their pharmacies. It was noted that there appears to be an information gap in relation to e – prescriptions for both consumers and clinicians
- The Telehealth rollout was rushed due to the pandemic. This impacted both consumers and clinicians alike, as consumers felt that they and some clinicians had either not received any training on how to undertake Telehealth consultations or at best, had only received modest training on how to use Telehealth.

### **Technology issues i.e. *the digital divide***

- Consumers noted that there can be a reluctance to use video for consults on the part of the clinician or consumer, or that there may be technical issues for this
- Not all consumers are technologically equal, there is a *digital divide*, in terms of the equipment people have access to and/or the reliability of their local internet service
- It should also not be assumed that consumers and clinicians always know how to use the technology options available to them. In addition, consumers and clinicians may also be reluctant to use technology for Telehealth either via telephone or videoconferencing that they are not familiar with
- Confidentiality, privacy and consent to undertake a Telehealth consultation were noted as issues that did not seem to be regularly addressed by clinicians undertaking consultations or as an issue understood by consumers, in terms of their general healthcare rights
- Consumers expressed concern over the lack of standardisation in relation to the use of phones and video conferencing
- Having options and the right to choose which option for medical consultations to use are paramount to consumers. This may require in effect two systems that are working in parallel with each other, so that traditional face to face consultations and Telehealth - video or telephone - consults options are offered. Consumers also need to feel empowered to know what they can ask for and what they can expect to be offered.

### **Other issues for consideration**

- A variety of factors can impact on the effectiveness of Telehealth including clinicians speaking very fast, and/or very softly. It was noted that a solution to this may be mandating the use of the “Teach back” methodology during Telehealth consultations to ensure that clinicians know that consumers have understood the information/diagnosis they have received
- Dental Telehealth was noted as an option to provide basic triage oral care that not many consumers seem to be aware of
- Concern was expressed that some rural/regional consumers would not have access to Telehealth services after March 2021, when the current MBS subsidy was due to expire, and this would require them to revert to travelling in order to access services

## Discussion point two: What are consumers views about Telehealth in the future

Ian Dennis, Consumer Advisor, set the scene on Telehealth and what issues might impact its future use. He noted that Telehealth is essentially the use of voice/video technology to replace a personal face to face consult. One of the key things that effect Telehealth future use from a policy and political perspective will be how cost effective it remains and whether the MBS rebate will be extended. In addition, Telehealth could also expand its capabilities by encompassing more remote monitoring for conditions such as diabetes. Key challenges that may need to be overcome include clinician's reluctance to take on new initiatives like Telehealth and the establishment of government policies to support its use.

### Feedback

Feedback from the breakout groups on this issue covered a number of themes, including:

#### Standardised systems and security i.e. where will data be stored

- Privacy, the number of platforms in use and how data can be stored securely were noted as key issues to consumers. Where personal health data is physically stored in terms of jurisdictions was also noted as a key concern, particularly if this meant that if data was stored overseas it might impact on consumers own rights and ability to access their own data due to local legislative restrictions. Consumers expressed a view that it would be beneficial to develop regulations/guidelines to ensure that personal health data is stored in Australia and not kept overseas to overcome any legal and jurisdictional challenges that might arise
- An element of Telehealth that may require more exploration was around the trust and interaction required in using the system from both the consumers and clinicians perspective in terms of how safe and secure do you feel in *your own space* and how safe and secure do you feel *in the clinicians space* when using Telehealth
- Another key issue centred on how consumers can be trained on how to use Telehealth safely and appropriately
- It was also noted that some issues are nuanced, in that privacy can relate to the privacy of patient data, as well as potentially relating to the privacy issues relating to how a Telehealth consultation is undertaken and conducted. For example, is everyone online introduced, and are all the appropriate clinical protocols adhered to etc.
- To this end consumers raised the question as to whether MyHealth Record and Telehealth required the ability to interface/connect with each other to aid with improving understanding of both systems and how they may be mutually compatible in providing consumers with access to care, services, and their own data
- It was suggested that it would be beneficial to have a standardised Australian supported platform through which Telehealth could be delivered nationally. For example, standards about how many callers can be on line at any time.

#### Equity of access i.e. should all telehealth remain on the MBS

- Equity of access is an important issue underpinning Telehealth in relation to the digital divide and some people having access to better services/equipment than others – this also raised the question as to which consumers should have access to subsidised Telehealth

services and who, if any, should have to pay the full cost. Should all Telehealth services remain on the MBS indefinitely?

- The quality of your internet connectivity/reception/NBN can have a big impact on your consult
- To overcome issues such as the digital divide and equity of access to services, Community Health Centres and Community Hubs such as libraries could have dedicated rooms available to them that consumers could use to access Telehealth services

#### Other issues for consideration

- Keeping vulnerable people and population groups out of busy waiting rooms, reducing the amount of travel time that very ill or very frail consumers need to undertake in order to get to an appointment and equity of access in general should be taken into account when future policy directions around Telehealth are framed
- Consumers queried that If Telehealth remains on the MBS would there be a reason to allow consumers to have the potential to claim rebates for its use via tax returns or through private health funds
- Telehealth should always be a choice for people to opt in and opt out of, in relation to its use
- Consumers questioned whether Telehealth could be expanded to cover more clinicians than what appears to be the current standard cohort of GPs and specialists, to include pharmacists for example
- In relation to funding and reimbursing the cost of Telehealth, would it be useful to consider different rebates for different forms of Telehealth i.e. video conferencing vs. the use of telephony only, or the cost of face to face consultations vs. video consultations

### Discussion point three: What are consumers views on codesigning Telehealth

Phil Flanagan, Consumer Engagement Consultant, HIC, set the scene on how consumers can ensure they will be central to the way Telehealth will be rolled out in the future. With the almost overnight roll out of the Telehealth due to the COVID-19 pandemic, it seems as if we find ourselves in very unique times when a rapid adaption and change has been made in a ubiquitous way to how we deliver and received everyday healthcare. Telehealth is a pragmatic response to the pandemic and a way to maintain our relationships, but it also feels as if its adaption by clinicians and consumers alike has been on the run. To this end, does the rollover of Telehealth present a golden opportunity, and a unique moment in time in which consumers and clinicians can work together to ensure Telehealth can be co-designed and co-delivered to ensure it works well at an individual, organisational and systemic level?

#### Feedback

Feedback from the breakout groups on this issue covered several themes, including:

#### Opportunities for co-design i.e. ensuring consumers voices are heard in the right places

- Telehealth provides a golden opportunity for consumers to feedback and be involved in the design of services such as Telehealth. Telehealth cuts across all areas of health service delivery and it is a big opportunity to do some inclusive planning for the provision of healthcare at individual, organisational and systemic levels
- This is potentially the right time to be adaptable and ahead of the game on Telehealth and allow consumer input into how it is utilised and delivered in the future. Consumers need to

have access to the right avenues for discussion and input at both the state and federal level, as well as with other key stakeholders such as clinical peak bodies

- Consumers, through networks such as Community Advisory Committees (CACs) in Victoria, can also explore how they can be part of the process of ensuring that the system of Telehealth works for consumers, and that consumers are also kept well informed of how the system may be shaped/changed by them
- Telehealth has potentially enhanced the democratisation of choices for consumers and has given them more of a voice in helping them choose how they might access services
- Lobbying is key to how consumers can influence the design and use of Telehealth and consumers need to be involved in the process
- Lobbying also to ensure that consumers have access to Telehealth helpdesks and troubleshooting hotlines to address digital literacy issues
- Trust and relationships between consumers and clinicians will be central to how Telehealth moves forward and is co-designed
- Telehealth has allowed consumers to stay connected with their clinicians during the difficult times associated with the COVID -19 pandemic. Arguably it could also do this very well during more normal times and therefore has a potentially big future. In shaping how we move forward with Telehealth co-design will be key as it will allow for equity in hearing both the consumers and the clinicians voices at all levels i.e. individual, organisational and systemic (Include all clinicians/specialists etc)

#### Other issues for consideration

- Telehealth is a nice additional option to have as another part of the overall tool kit to deliver health services, but it is not for everyone and we have to remember that
- Consumers noted that we do not just need clinicians and consumers involved in thinking about how to co-design Telehealth services that will work, we also need to talk to information and communications technology (ICT) experts because we don't know what's possible. A caveat to this would be that that ICT experts should not reflect or be part of any commercial or vested interests that might have the potential to skew the way Telehealth is delivered. ICT input should be led by a peak body
- Consumers must be involved in any national taskforces or initiatives that shape Telehealth in the future but their input cannot be tokenistic. Consumers, patients and specialist peak group representatives should all be part of the conversation and discussion around the co-design of Telehealth, which must include the development of standards and guidelines around the use of Telehealth
- It is important to ensure consumers receive education around Telehealth – this includes what to expect from the consultation process itself, so that consumers can ask questions about cost, privacy etc so that they know what to expect. This will help with ensuring that Telehealth is a positive experience for consumers and clinicians alike
- We need to overcome the digital divide for older people, people from linguistically diverse communities, the seldom heard and marginalised consumers, to provide them with appropriate support to ensure they are not frightened to access or use Telehealth services, to ensure they are not put at a disadvantage in terms of general access to services
- Consumers may also benefit from being advised and educated around initiatives such as accessing low cost phone plans which may aid some consumers in having a better opportunity to access Telehealth services.

## Key themes

Overall, the key themes that emerged from the forum were as follows:

- Consumers must have choice in terms of how they access and use services, Telehealth is no different
- Telehealth has proven to work in difficult times and circumstances, but it may need refining and rethinking in terms of its future roll out at individual, organisational and systems levels - consumers must be central to this process
- Consumer and community awareness around the standards and guidelines associated with how Telehealth is delivered needs to be enhanced and made more widely available
- Telehealth, by its very nature, requires the right sort of technological back up. Consumers are supportive of exploring the potential to have a standardised system developed within Australia that reflects the unique Australian health care context.
- Issues around security of data are important and consumers would like to feel confident that data is stored securely, in the right jurisdiction within Australia and consumers would like to know their rights in relation to accessing their own health data.

At the conclusion of the forum consumers were asked to vote on the following questions with the options to Agree/disagree/Neither Agree nor Disagree:

- (i) Do consumers support the extension of Telehealth on the MBS past March 2021?
- (ii) Should consumers be involved in National Telehealth Advisory Group to Aid with co- design and codelivery of ongoing Telehealth services?
- (iii) Should consumers be involved in a National Telehealth Advisory Group to Aid with co- design and co-delivery of ongoing Telehealth Services?

There was unanimous support for all three questions from consumers present at the forum.