Series 10 – Quick COVID Clinician Survey Summary (Australia)

Series 10 of the Quick COVID-19 Clinician Survey was fielded from the 15th to the 22nd of October 2020 and received 68 responses. Confirmed cases of COVID-19 in Australia increased by 125 over this period to 27,466, an average of less than 16 per day. Victoria has achieved a remarkable reduction in cases, a tribute to the efforts of the Victorian community and their cooperation with lockdown measures. During the survey period, Victoria recorded just 18 new cases (<3 per day). In comparison, NSW reported 53 cases, however local transmission is contained.

Demographics Participants included three practice nurses, five practice managers, and 60 general practitioners (of whom 18 were practice owners). 15 participants (22%) worked in a rural practice. All jurisdictions were represented: NSW 24%; Vic 34%; Qld 13%; SA 10%; WA 6%; Tas 3%; NT 3%; ACT 7%.

Impact Practices still feel the strain of the pandemic, despite decrease in daily cases, with 69% reporting moderate to severe strain on their practice. The majority report loss of staff due to illness or self-quarantine: general practitioners out (61%); nursing staff out (54%); front desk staff out (54%).

Consultations A combination of reduced case numbers and financial recompense available for telehealth has seen a return to increased face-to-face consultations. During the survey period, only 40% of respondents reported care being handled via video, with almost all reporting only a little (< 20% of consultations). Most respondents reported ongoing telephone appointments, but most (77%) for less than half of all consultations. This corresponds to a clear majority (71%) having more than half of their appointments take place face-to-face.

Open Text Questions We asked participants about barriers to telehealth use with vulnerable patients, and solutions that have been implemented to increase telehealth use with vulnerable patients. The barriers identified were similar to those reported in Series 3. These results allow specific barriers to be identified for specific population groups and suggests potential strategies to support telehealth use.

Barriers to telehealth were mentioned by most participants. Some participants reported no barriers, and that telehealth is beneficial for patients as it allows increased access to healthcare (n=7). Still, reliance on digital solutions creates vulnerabilities in patient groups that face challenges in accessing technology. As such, barriers and solutions must be identified and managed.

Communication challenges over telehealth means that information is lost in translation or left unsaid (n=xx). Communication was particularly difficult for patients with hearing impairments, low English proficiency, speech impairments, or cognitive disability.

- *Communication is more difficult using telehealth for ESL patients, as the pronunciation and annunciation is less clear than in person*
- *If speech impairment, then phone consults are difficult/ unsafe hard to communicate without visual clues*
- *Difficult with people with cognitive impairment eg early dementia, head injury, autism or intellectual disability.*
- *The people I consult via telehealth often aren't mindful of the fact a face to face interaction isn't occurring… more repetition and clarifying is needed as compared to face to face.*
- *Patients with mental health issues are often poor communicators which make telephone consults difficult.*
- *I have some patients who find it difficult to hear over the phone for Telehealth consults.*

Poor access to technology that supports telehealth (such as videos, phones, adequate internet, and computers) makes it difficult for telehealth consults to happen (n=27). Poor access was particularly noted for elderly patients, rural and remote patients, low income patients, and patients experiencing homelessness.

- *Not having access to reliable computer/laptop/computer workstation or access to reliable internet*
- *My older remote patients don't even have internet access*
- *People living with economic disadvantage [have] no access to internet*
- *We have issues with telehealth because the signal coverage in rural WA is often patchy and unreliable, especially for farmers from our small surrounding communities*

- *Some of our clients don't have phones*
- *Hindered by having no credit on their mobile phone plan*

Low technology literacy means patients may not want a telehealth appointment (n=14). Low technology literacy was particularly noted among patients with psychosocial disabilities and elderly patients

- *For my patients with intellectual disability, the process of logging on to a video consultation is too difficult*
- *People living with psychosocial disability have found it harder to use video platform*
- *Older patients and patients with disabilities have found Telehealth more difficult.*
- *Difficulty comprehending the concept of phone or video appointments in elderly patients…*

Lack of safe, quiet and private space to conduct telehealth consults makes discussing personal and medical information difficult and was particularly noted for low income patients and patients experiencing homelessness (n=4).

- *Often want to have consultation in a less than ideal spot - like when they are on the train and don't want to reschedule*
- *Video Telehealth [is] beyond organisational capabilities and often extra responsibilities - never have a moment to themselves*
- *…difficulty with background noise of car traffic noise, or dogs barking, or, commonly, children crying*

Solutions for telehealth use with vulnerable populations were suggested by 42 participants. The most common solution was for consults to be conducted face-to-face, especially in cases of no technology access, no connection and severe communication challenges.

Solutions for poor internet connection and lack of appropriate internet or credit involved a mixture of phone and face-to-face consultations:

- *Providing phone consults instead of video consults or turning the video off a few minutes into a video consult.*
- *Telephone consultations are much more accessible than Telehealth to people of low socio-economic background and those with disability.*
- *Sending a txt message with computer software to inform them GP has been trying to call them*

Solutions for communication difficulties included extra supports on the patient end and using video.

- *Support from a family member or carer.*
- *Flexibility around using video vs telephone. FaceTime with the right patients has been good at breaking down some of the barries.*
- *If we can have in person interpreter booking for specific hours can then call the clients directly without going through telephone interpreter service.*
- *Ensuring presence of healthcare worker or support worker to assist patient during Telehealth.*

Solutions for technology illiteracy included face-to-face consults, extra time for consults, and extra support on both the practice-end and patient-end.

- *We have skilled up a staff member and developed easy English resources and provided 1:1 support for clients/patients to build capacity and confidence.*
- *Trying Telehealth with client in another room to get the used to idea and Telehealth workings*
- *Suggested client service officers contact video clients the day before to ensure they can use the system.*
- *In-person appt to meet, discuss and agree on further telehealth (phone) once ice broken. Tech support via sister organisation closer to patient (other headspace branch).*
- *Created a simple link on our practice website homepage to our HealthDirect video consultation page.*
- *Creating promotional materials for video consults*
- *Engagement of family members and carers to assist*
- *Taking the time to explain the concept of telehealth and it's uses to patients*

For questions, comments, or to pose a "Flash question" please contact Professor Kirsty Douglas at
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