

Telehealth in Modern Healthcare Delivery

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With the increasing need for telehealth services in primary care, hospitals and within many specialties, some healthcare practitioners are navigating unknown territory. This type of provision of distance care can be used to improve healthcare availability, save on costs and boost patient wellbeing in the instances where face-to-face appointments are unable to take place.¹

One such example is in the area of stroke management which has benefited from the availability of new technology to provide care remotely. The Medical Journal of Australia evaluated the impact of the Victorian Stroke Telemedicine (VST) program during its first 12 months by examining data for more than 6000 patients. Their results demonstrated that care was provided more promptly, and that patient safety improved significantly due to an increase in the number of individuals receiving thrombolysis. The percentage of patients with symptomatic intracranial haemorrhage was reduced from 16% to 4%, and that of those who died, from 20% to 6%. Presently, the VST is expanding to Tasmania while telestroke care is also available in South Australia and parts of Western Australia and New South Wales.²

Similarly, Australia remains a pioneer in the research and advocacy of teledermatology. To encourage an increase in the uptake of this practice by local specialists, teledermatology guidelines for the Australian context were published this year by The University of Queensland's Centre for Online Health in collaboration with The Australasian College of Dermatologists' E-Health Committee.³ Initiatives of this nature are a welcomed resource to educate practitioners about the benefits and limitations of telehealth, while conveying how to ensure patient care and reduce clinico-legal risks when delivering services remotely.

Despite the well acknowledged benefits of telehealth, prior to COVID-19 the scale and pace of adoption of the technology had been regarded as 'slow and patchy' in Australia.⁴ Studies show that this way of care has been perceived as complex, disruptive and requires practitioners to learn new approaches to delivering care.^{5,6} Healthcare practitioners' acceptance of telehealth relies on them perceiving this approach as effective, risk-free and normal.⁷ These results highlight the need for continuous education and upskilling of the workforce as an ongoing practice once COVID-19 is under control.

Facilitators and barriers to telehealth

Despite the benefits, there are inherent limitations to the uptake of telehealth. Some consultations require physical examinations

and/or diagnostic assessments that cannot be performed remotely. It is critical that you are aware of these limitations and of the expectations of AHPRA (Medical and Dental Boards), your College and the MBS to provide telehealth safely and only in circumstances where it is clinically appropriate.

In a recent endeavour, a group of Australian researchers mapped the facilitators and barriers that influence the use of telehealth, as evidenced in the literature until 2018.⁸ In the study, patients from different age groups, with different health conditions using a range of technologies (Skype, Web-based video conferencing, Adobe Connect, Facebook, Moodle etc) were reviewed. Their results identified a range of positive and negative factors that affect the outcome and delivery of telehealth:

Type of influencer	Details
Enablers	
Internal	Time saved
	Convenience
	Patients' past treatment experiences and familiarity with practitioners
	Patient's positive perceptions of telehealth privacy and security
	Family members involvement
	Excellent body language and communication
External	Access to high speed internet
	Saving costs on healthcare services
	User friendliness of system
	Training for both patients and practitioners
	System's approach to enforce patients' compliance with treatment
	Management and accessibility
Barriers	
Internal	Resistance to try something new literature
	Poor body language and communication
	Patients' negative perceptions of telehealth privacy and security
External	Slow speed internet and poor network signal
	Systems difficult to use
	Infective organisational support
	Home obstructions

Table 1: Enablers and limitations to the use of telehealth. Adapted from Almathami et al (2020)⁸

The results from this study can be used as a framework to implement effective telehealth approaches, having a clear understanding of possible barriers and facilitators in your own practice. The authors also acknowledge that some patients, influenced by the identified limitations, preferred face-to-face consultation and showed resistance to telehealth services. Further work is encouraged to further test these principles in your own particular environment.

Your telehealth delivery checklist

Despite the limitations described in the literature, telehealth can play a significant role in improving the health outcomes of patients affected by a range of conditions, when performed safely and under the same high-quality standards of care expected from face-to-face consultations. A list of practical strategies that you can apply based on this reading are presented below:

- Provide telehealth services only in situations when it is both safe and clinically appropriate to do so and patients' consent is obtained documented

- Identify the barriers and facilitators to telehealth in your own context, in order to plan a strategy of care that is tailored to meet the needs of your patients
- Education is key. Ensure that all health professionals in your practice receive appropriate training on telehealth delivery
- Support all relevant stakeholders with an effective communication strategy to approach telehealth consultations
- Ensure quality of care by adhering to all relevant practice guidelines from AHPRA, Colleges and MBS on technology-based patient consultations
- Meet MIPS' expectations and guidelines to telehealth by ensuring:
 - you and your patient are located in Australia
 - you have the appropriate qualifications, training and experience
 - your membership classification is appropriate

If you do not meet these guidelines you MUST contact MIPS for an assessment.

If you have any questions regarding your membership, please contact MIPS for Clinico-Legal Support on 1800 061 113.

References

1. Rollins, A. [Telehealth could deliver massive savings:CSIRO](#). AMA. 2016 Aug 30
 2. Bladin CF, Kim J, Bagot KL, Vu M, Moloczij N, Denisenko S, Price C, Pompeani N, Arthurson L, Hair C, Rabl J. Improving acute stroke care in regional hospitals: clinical evaluation of the Victorian Stroke Telemedicine program. Medical Journal of Australia. 2020 Apr 7.
 3. Abbott LM, Miller R, Janda M, Bennett H, Taylor M, Arnold C, Shumack S, Soyer HP, Caffery LJ. Practice guidelines for teledermatology in Australia. Australasian Journal of Dermatology. 2020 May 3.
 4. Armfield NR, Edirippulige SK, Bradford N, Smith AC. Telemedicine—is the cart being put before the horse. Med J Aust. 2014 May 19;200(9):530-3.
 5. Bagot KL, Cadilhac DA, Vu M, et al. Telemedicine in the acute health setting: A disruptive innovation for specialists (an example from stroke). J Telemed Telecare 2015; 21: 443–448.
 6. Green T, Hartley N and Gillespie N. Service provider's experiences of service separation: The case of telehealth. J Serv Res 2016; 19: 477–494.
 7. Wade VA, Elliott JA and Hiller JE. Clinician acceptance is the key factor for sustainable telehealth services. Qual Health Res 2014; 24: 682–694.
 8. Almathami HK, Win KT, Vlahu-Gjorgievska E. Barriers and Facilitators That Influence Telemedicine-Based, Real-Time, Online Consultation at Patients' Homes: Systematic Literature Review. Journal of medical Internet research. 2020;22(2):e16407.
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