



Expanding Digital Health Vol 2

Telehealth and COVID-19 digital health:
Supporting participation for the digitally excluded

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We acknowledge the traditional custodians of the land and pay respect to Elders past, present and emerging.



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Executive Summary

The digital health divide is a critical equity issue that will limit the rapid expansion and uptake of digital technology in our health system. This divide in skills, confidence, and affordable access means vulnerable populations are at risk of being further marginalised through poor access to health services.

Expanding Digital Health is a series of virtual roundtable events, led by a partnership between The Australian National University and Good Things Foundation Australia. The series brings together consumers, practitioners, academics, and policymakers to discuss key issues and create recommendations for practical solutions that close the digital health divide.

Series Two (consisting of roundtables three and four) was held in February and April 2021 and focused on telehealth and digital health technologies, such as electronic prescriptions. Use of these technologies has proliferated during the COVID-19 pandemic, and is well-positioned to expand further. There is recognition that COVID-19 restrictions led to increased use of telehealth by providers, but little offline support is available for patients to use it confidently.

The roundtables also discussed that the majority of telehealth consults still occur via telephone, rather than through video conferencing. Consequently, the quality of health care interactions are not optimal. There is a clear opportunity to develop, extend, and support the uptake of online health services.



Summary of Key Recommendations

Three high priority recommendations were identified by participants to inform future programs and policies.



1. Patients and consumers need targeted support and education to develop the skills and confidence to use different forms of health technology, such as telehealth and online information resources.

In line with the recommendations from our Series One roundtables, there is an ongoing need to support consumers to develop the skills and confidence to use technology for their health and care. This support should build on existing support mechanisms, be tailored to different consumer needs, and be available offline for those not confident with digital technology.

2. Reliable and affordable technology and connectivity must be provided to ensure equitable access to digital health services.

Many Australians experience significant barriers to the benefits of digital health care. These include: affordability of devices, internet connections and data needed to participate in telehealth (particularly with video), skills to access health information online, lack of familiarity with apps and e-prescriptions, and the cost of maintaining and upgrading devices. Affordable access for all must be addressed to ensure equitable uptake of digital health technologies.



3. Health care providers need digital assistance and upskilling on using digital health technologies, such as telehealth.

The rapid introduction of telehealth during COVID-19 restrictions presented challenges to understand when telehealth is appropriate and what the challenges might be for certain patients. It is important to increase the rate of video telehealth consults compared to phone-only appointments, and for health care providers to be supported to know when in-person appointments would be more appropriate.



Introduction

Significant advancements have been made in digital health during the COVID-19 pandemic. Telehealth – patients and medical professionals interacting via a digital device or phone – saw a rapid rise in use, reaching 55.7 million consultations from the beginning of the pandemic to April 2021.¹ During this time, 84% of Australian internet users used telehealth for the first time or increased their usage.²

Telehealth brings significant opportunities for increased access to health care services for many people, particularly those living in rural and remote areas. However, a significant barrier remains: how to connect with people who have low or no digital health literacy skills or confidence. The ‘digital health divide’ is recognised as an issue impacting the uptake of digital health initiatives in both Australia’s [National Digital Health Strategy](#) and the [National Digital Health Workforce and Education Roadmap](#).

Digital Literacy: A New Social Determinant of Health

People particularly at-risk of poor digital literacy include older people, Aboriginal and Torres Strait Islanders, people living in rural and remote areas, and people with disability.³ These people are more likely to be in the lowest socioeconomic groups and fare the worst in all health measures, such as higher incidences of chronic health conditions and mental health issues, and higher mortality rates.⁴ As services shift to greater digital delivery methods, digital health literacy is beginning to be recognised as a new social determinant of health.⁵

Supporting people in at-risk communities to improve their digital health skills and confidence enables them to access services provided via telehealth, access their prescriptions electronically, search for reliable health information online, improve their health and wellbeing using apps, and access online government health services such as My Health Record.

Closing the Digital Health Divide

Work is underway to close the digital health divide through the efforts of the community sector, government, and academia, in areas such as digital health research and policy, vulnerable population research, consumer health literacy policy, and community skills and education programs. However, more needs to be done to address the divide and systemic coordination is required to bring these efforts together.

Expanding Digital Health aims to harness this experience, build a community of practice and create a more coordinated approach amongst those who live, practice, research, and work in the digital health divide. The roundtables bring together consumers, practitioners, academics, and policymakers to discuss key issues and create policy recommendations to close the digital health divide in Australia. The first roundtable series held in 2020, *Realising the promise of digital health for those who are socio-economically disadvantaged*, explored the broader issues of digital health literacy. The summary and recommendations can be found [on the linked webpage](#).

1 Snoswell, C.L., Caffery, L.J., Hobson, G., Taylor, M.L., Haydon, H.M., Thomas, E., Smith, A.C. Centre for Online Health, The University of Queensland. Telehealth and coronavirus: Medicare Benefits Schedule (MBS) activity in Australia. <https://coh.centre.uq.edu.au/telehealth-and-coronavirus-medicare-benefits-schedule-mbs-activity-australia>. Published May 19, 2020. Accessed July 19, 2021.

2 Australian Communications and Media Authority. (2021, May). *Communications and Media in Australia: How we use the internet*. <https://www.acma.gov.au/publications/2021-05/report/communications-and-media-australia-how-we-use-internet>

3 Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T. (2020). *Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020*, RMIT and Swinburne University of Technology, Melbourne, for Telstra.

4 Australian Institute of Health and Welfare. (2020). *Australia's health 2020 data insights*. (Australia's health series no. 17). AIHW.

5 Jercich, K. (2021, February 23). *Digital health literacy as a social determinant of health*. Healthcare IT News. <https://www.healthcareitnews.com/news/digital-health-literacy-social-determinant-health/>

The Expanding Digital Health Roundtable Series

The *Expanding Digital Health* roundtables, which commenced in 2020 with Series One, brings together Australian digital health research and on the ground experience to inform the development of effective policy interventions to close the national digital health divide. Two virtual roundtables were held in July and October 2020 hosted by Australian National University and Good Things Foundation Australia. [Read the report from Series One here.](#)

Series Two focuses on telehealth and associated technologies (e.g. electronic prescriptions) that are set to increase in order to better understand and address the challenges facing people that are digitally excluded in accessing these digital health services.

The goals of Series Two in the 2021 *Expanding Digital Health* roundtables were to:

1. Increase connections amongst policymakers, consumers, practitioners, and researchers in the field;
2. Understand the challenges being faced by those that are digitally excluded or have limited digital use in using telehealth and other priority digital initiatives; and
3. Develop a shortlist of feasible, practical intervention/project ideas to be progressed further.

This report describes the roundtable event, highlights findings from the discussions, and outlines a number of policy recommendations agreed to by participants that will support Australia to close the digital health divide and adopt critical technologies such as telehealth.

Series Two Highlights (Roundtables Three & Four)

Roundtable Three of the *Expanding Digital Health* Roundtable Series was held on 16th February and Roundtable Four was held on 15th April 2021.

Attendees

People with experience working in, researching, implementing, or making policy relating to telehealth and the digital health divide attended the Series Two roundtables. Representation included:

- Consumer groups likely to be affected by the digital health divide;
- Health care providers using telehealth with patients that are digitally excluded;
- Community workers supporting their communities with digital inclusion and seeking to improve the digital health divide;
- Primary health networks that have experienced the challenges of supporting their communities in the adoption and use of telehealth;
- Academics researching the challenges of telehealth for communities in need;
- Government policymakers and program implementers involved in digital health and digital technology; and
- Telecommunications company representatives tasked with increasing accessibility of fast broadband for at-risk communities and increasing digital participation within at-risk community groups.

A full attendee list can be found in the [Appendix](#).

Setting the Context

Roundtable Three was co-hosted by Jess Wilson, Chief Executive of Good Things Foundation Australia, and Professor Kirsty Douglas, Director of the Academic Unit of General Practice at the Australian National University Medical School. Roundtable Four was chaired by Professor Linda Kristjanson, AO, Patron of Good Things Foundation Australia.

To set the context for the discussion, presentations were given on the topic of access and use of telehealth by people from lower socioeconomic communities by Dr Rae-Anne Hardie from the Macquarie University Australian Institute of Health Innovation, and by Dr Melinda Choy, from the Australian National University.

Dr Hardie's study and presentation showed:

- Patients in low-to-mid socioeconomic (SES) postcodes used telehealth consultations less when compared to patients in higher SES postcodes;
- Females had a higher proportion of their consultations via telehealth than males; and
- Face-to-face consultations were higher in children and adolescents.

Further detail on the presentations can be found in the [Appendix](#).

Discussion Themes

Several main themes emerged from the discussions at the roundtables linked to the digital health divide and telehealth. There was overwhelmingly positive support for the benefits brought from increased access to health services through the use of telehealth, but caution about not leaving already marginalised populations behind.

Concerns About Telehealth and e-Prescriptions for People that are Digitally Excluded

Participants were asked about their main concerns around telehealth and e-prescriptions for people that are digitally excluded. Their concerns can be grouped into the following key themes:

Ability

- People don't have the basic technology, skills, and ability to independently use digital technology for health.

Fear Leading to Resistance

- People are afraid of and/or unfamiliar with telehealth.
- There is resistance to change due to the familiarity of face-to-face consults, and a lack of technical ability (connected to resistance to change) on both provider and patient sides.

Access

- Many people still do not have internet access - internet connection can be poor or non-existent in regional and remote areas.
- Experience from [Be Connected](#) and [Health My Way](#) shows that it takes time to get devices out to isolated people in the community so they can be used.
- Many people do not visit a GP and are socially isolated, even without the option of digital health.
- Often individual health information is the last thing to go digital due to its confidential and personal nature.

Affordability

- Many people on low incomes cannot afford the data needed to access health services online, even if they have a smartphone that can connect. The expense of data is a major issue for some people and families – data is prioritised on keeping in contact with family and friends, leaving nothing left for other priorities such as health.
- Older people are reluctant to invest in new technology, with cost being an issue for both devices and data. They often do not have the latest devices or operating systems, which hinders access to telehealth, QR codes, apps, cameras etc.

Privacy Concerns

- It is a challenge for people to maintain a sense of privacy during home telehealth consultations, particularly as lower income families tend to have smaller homes and larger families – this has led to more ‘in-car consults’.

Combined Low English and Digital Literacy Adds Challenges

- The challenge is compounded for people from non-English speaking backgrounds, experiencing both digital and English literacy challenges. They frequently need support from family members during consults – however this introduces privacy challenges for the individual (see above).

Quality of Care

- Maintaining best quality of care is a concern, particularly for the most vulnerable patients when face-to-face is often the preferred type of consultation. Ensuring the most appropriate method of care is still given is important, recognising that this will not always be via telehealth.
- A lack of visual cues when participating in remote telephone consults adds a layer of difficulty, potentially losing the ability to identify secondary issues the patient would otherwise raise.
- Highly mobile patients and patients with lower health literacy are more likely to fall through the cracks with telehealth consultations, especially if they are not speaking to their usual GP.
- Concern about whether or not driving digital access (particularly through telehealth) may drive transactional based medicine, rather than relationship based care.
- Experience indicates that a lower number of pathology tests are being done with telehealth patients because referrals are still sent via mail.

Additional Research Required

Additional research needs were identified to gain a deeper understanding of the barriers to equal participation in emerging health technologies like telehealth. Recent research by Macquarie University’s Australian Institute of Health Innovation indicates that people from lower socioeconomic areas are using telehealth less.⁶ Further exploration is required to understand the specific reasons for this.

Better understanding of the impact of lower rates of telehealth use among the digitally excluded is needed. Further investigation with GPs, pharmacies, and consumers would be useful to understand this impact and barriers to digital health access.

⁶ Hardie, R-A., Sezgin, G., Dai, Z., & Georgiou, A. (2020). The uptake of GP telehealth services during the COVID-19 pandemic. *COVID-19 General Practice Snapshot*, (1). <https://doi.org/10.25949/C3HE-F430>

Key Recommendations

A set of recommendations have been consolidated from participant feedback. Recommendations were first raised by participants in Roundtable Three, then tested and developed further in Roundtable Four. The recommendations outline potential solutions to ensure that telehealth and e-prescriptions improve health overall rather than exacerbate health inequality.

The three highest priority recommendations identified by participants are listed below.

1 Patients and consumers need targeted support and education to develop the skills and confidence to use different forms of health technology, such as telehealth and online information resources.

In line with the recommendations from our [first two roundtables](#), there continued to be a strong focus on the need to support consumers to develop the skills and confidence needed to use technology for their health and care. COVID-19 restrictions have increased the use of telehealth by providers, but there is little support available for patients to use it. Information that does exist is usually provided in digital format, creating challenges for those who are not confident users of digital technology.

There is a need to co-design tailored education and support for different consumer groups to ensure it is inclusive of their needs. There was particular concern for people who speak little or no English, highlighting the challenges of engaging interpreter services during video consultations and not relying on family members to translate (due to privacy concerns).



Consumer and academic bodies, policy makers in digital health, and the health IT industry need to work together to ensure proactivity in developing systems that are easy to use and accessible to a broader range of consumers. This can be achieved through a diversity of consumer input into health technology design, particularly including those with low digital skills.

It was stressed that existing community education and support mechanisms should be built upon with an understanding of what has and has not worked in the past. Broader health literacy should also be built into this approach. It is important that these education and support structures are adaptable to changing technologies and needs over time.

Models, research, or programs concerning digital health that could be built upon to further inclusion:

- The [Health My Way](#) digital health literacy support program could be expanded to more communities. The program is run by Good Things Foundation and funded by the Australian Digital Health Agency (ADHA).
- Build on the third recommendation from [Expanding Digital Health Series One](#) by piloting 'digital health navigators' in primary care settings. Digital health navigators would be a dedicated role located in general practice to support the cohesion of patient/provider in their experience of digital health.
- The [National Digital Health Strategy](#) which is being refreshed by ADHA, further developing its digital inclusion and engagement program. This will include the safe use of telehealth and e-prescribing.
- The [Primary Health Reform Plan](#) which will set a vision and path to guide future primary health care reform, as part of the Federal Government's Long Term National Health Plan.
- [Self-Care for Health: A National Policy Blueprint](#) by Mitchell Institute and Victoria University, which includes action areas relating to enhancing digital health literacy.
- [Consumer Commission Report Making Health Better Together](#), which advocates for the development of a national plan to guarantee digital access and address access barriers such as poor internet and low digital literacy.

Policy avenues and/or stakeholders critical to the success of this recommendation:

- The Health Expert Working Group under the Australian Broadband Advisory Council, who identify health as a priority industry for more effective broadband connections
- The Primary Health Reform Steering Committee
- State-based telehealth and virtual care programs, such as the eHealth NSW Virtual Care Accelerator
- State-based peak bodies, such as Tasmanian Council of Social Services and the Tasmanian Digital Inclusion Alliance who are advocating to close the digital divide in Tasmania
- Primary Health Networks
- Health Direct
- Australian Commission on Safety and Quality in Health Care
- Royal Australian College of General Practitioners
- eSafety Commissioner

2 Reliable, affordable technology and connectivity must be provided to ensure equitable access to digital health services.

Affordable access for all is needed to ensure equitable uptake of digital health technologies like telehealth and e-prescriptions.

Significant barriers still exist for many Australians to afford the devices and connectivity needed to participate in telehealth (particularly video, accessing health information online, using apps and e-prescriptions, and maintaining and upgrade devices over the longer term). Australia is one of the most expensive countries in the world for basic broadband internet.⁷ It is a challenge for households on low or fixed incomes to remain digitally connected. Anecdotally, we heard that many families have to prioritise their data usage to maintain connection to family and friends over other priorities, including health care. Additionally, for those that can afford to purchase devices that connect to the internet, these devices become out-of-date quickly and people lack the money and/or skills to maintain and upgrade them, resulting in devices that may be incompatible with telehealth systems.

Although it was acknowledged that there has been improvement in internet connectivity in rural and remote parts of Australia, some areas still experience challenges with reliable internet connection.

It was proposed to increase capacity-building for health practitioners located in rural locations to address affordability and access issues in their communities. This would need to be embedded into a funding and training model within primary care. For example, providing access for patients in a rural setting to sit with a rural health practitioner in their office whilst speaking to a hospital specialist via telehealth. This approach provides virtual access to services for the patient, and also builds the skillset of the rural health practitioner (a capacity building model).

There needs to be clearer understanding and guidance for governments, consumers, and providers about the fundamental requirements for consumers to be able to use technology for health purposes. These might include:

- Level of speed/data to enable a reliable connection for sending and receiving crucial data and a smooth continuous consultation;
- Secure and private electronic data storage and connection for both consumer and health care provider; and
- Translation needs.

It should be noted that for each consideration, needs may vary depending on context and type of consultation.

3 Health care providers need digital assistance and upskilling on using digital health technologies, such as telehealth.

More guidance and education is needed to support health care providers to decide which consultations, and for which patients, face-to-face or telehealth would be more appropriate.

⁷ Masige, S. (2019, August 29). *Australia has the most expensive broadband of all OECD countries – and ranks well below Iran and Albania*. Business Insider Australia. <https://www.businessinsider.com.au/australia-has-the-most-expensive-broadband-of-all-oecd-countries-and-ranks-well-below-iran-and-albania-2019-8>

It was felt that the rapid introduction of telehealth during COVID-19 restrictions presented challenges to understand when telehealth is appropriate and what the challenges might be for certain patients. Beyond clinical guidelines, there is a need to better understand how to provide a “quality” telehealth consultation – not just the process of technological use, but adapting to communicating and working with patients virtually.

This should not be a one-size-fits-all approach. In some cases, the use of telehealth may not facilitate a quality consultation for people that are most vulnerable and in need of in-person assessment and support. In particular, the lack of visual cues with phone consults reduces the provider’s ability to identify secondary issues the patient would otherwise raise. More guidance should therefore be made available to health care providers to assess when and where telehealth should be used across the patient’s story of care (including socioeconomic situation, resources, conditions, background, familiarity with digital, and support at home).

Additionally, the research presented by Dr Rae-Anne Hardie highlighted the extremely low uptake of video telehealth services during COVID-19 in New South Wales and Victorian general practices, compared to phone-based consultations. There were also IT challenges experienced by several general practices in their use of telehealth software, electronic prescribing, and electronic test ordering. This indicates that further work is required to enable providers to make optimal use of technology to better serve their patients.

It is recommended that both consumers and providers, with guidance and support, learn together to adapt to using telehealth technology, so that the crucial, nuanced interactions involved in consultations are facilitated.

Additional Recommendations and Considerations

Additional recommendations were identified during the roundtables that should also be considered. They have been listed in priority order based on participant feedback:

1. Understand that access, affordability, and ability are the foundation blocks to ‘being connected’ and improving equity in telehealth.
2. Support must be available for non-English speaking groups, including compatible translation options.
3. Consumer viewpoint and co-design must be included when designing safeguards and support.
4. Data must be more affordable.
5. Consideration for access and quality of care in telehealth. For example, the ability of a provider to pick up on the unsaid patient agenda and build relationship based care.
6. Face-to-face and paper prescription options should always be available, where possible. All e-prescriptions must be able to be sent directly to pharmacies, and not be reliant on the patient being able to access it digitally themselves.
7. There needs to be greater consumer preference and choice about where and how to access health services, either digital or not – relating to concerns about consumers not being empowered to exercise agency or choice.
8. Partner with community peak organisations to understand the use of e-prescriptions and what support is needed by specific consumer groups.
9. Improvements in IT infrastructure and training need to be made for health care providers accessing new technologies such as telehealth software, electronic prescribing, and electronic test ordering.

Conclusion

Participants in *Expanding Digital Health Series Two* held in 2021 were overwhelmingly positive about the benefits from increased access to health services through the use of telehealth, but advocate for measures to ensure that people already marginalised are not further disadvantaged through lack of access, affordability, and ability.

Participants continue to place strong focus on the need to support consumers to develop their skills and confidence to use technology for their health and care, such as telehealth and electronic prescriptions. There was particular concern for people who speak little/no English, highlighting the challenges of engaging interpreter services during video consultations and not relying on family members to translate due to privacy concerns. Resources and support should be co-designed with consumers and tailored for different audiences, including those that have low digital health skills or English literacy, as well as people with disabilities.

A concerning trend, highlighted by research undertaken by Macquarie University's Australian Institute of Health Innovation, is the overall low use of video telehealth by general practice (as compared to telephone). In particular, there is a lower uptake of telehealth in general by people in lower socioeconomic areas. It is recognised that further research is required to fully understand the reasons for this disparity.

Many Australians face significant barriers to being able to afford the devices and connectivity needed to participate in telehealth, access health information online, use apps and e-prescriptions, and afford to maintain and upgrade devices over the longer term. Clearer understanding and guidance is needed for governments, consumers, and providers about the fundamental requirements for consumers to be able to use technology for health purposes, such as telehealth.

For health care providers, there is a need to better understand how to provide a "quality" telehealth consultation that goes beyond clinical guidelines. There needs to be more joint working between health care providers and consumers to understand what constitutes a quality telehealth consultation and how to adopt the technology for the benefit of all patients, including those that are digitally less capable. In some cases, telehealth may not facilitate a quality consultation for people that are most vulnerable and in need of in-person assessment and support. Therefore, proposed solutions need to be flexible and adaptable to the diverse needs of many, as opposed to a 'one-size-fits-all' solution.

Next Steps

Together with the recommendations from Series One, The Australian National University (ANU) and Good Things Foundation Australia will further develop the Series Two recommendations into policy position statements to inform government and other key stakeholders, and advocate for initiatives that support the closing of the digital health divide. We are also working with other interested organisations to develop programs of work that would address some of these recommendations.

Any organisations interested in working with us to develop these recommendations further into practical solutions are encouraged to contact Liz Jones, Head of Collaborative Projects at Good Things Foundation, at liz.jones@goodthingsfoundation.org.



Appendix

Acknowledgements

This project has been jointly funded by Good Things Foundation Australia and The Australian National University (ANU) Crawford School of Public Policy through a Policy Greenhouse Collaboration Initiative Grant.

Roundtable Three Participants

Name	Role	Organisation
Alison Demuth	Digital literacy program provider, Health My Way and Be Connected	Ballarat North Neighbourhood House
Anais Le Gall	Senior Manager – Health System Improvement	Capital Health Network ACT
Andrew Hewitt	Digital Technology Taskforce	Department of the Prime Minister & Cabinet
Anthony Egeland	Digital Health Policy Officer	Consumers Health Forum of Australia
Blake Utomo	Community Engagement	Good Things Foundation Australia
Dr Amy Nguyen	Research Fellow	Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University
Dr Fiona Martin	Director, Digital Inclusion and Community Engagement	Australian Digital Health Agency
Dr Melinda Choy	Academic Lecturer	ANU Medical School
Dr Rae-Anne Hardie	Research Fellow	Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University
Dr Rob Hosking	GP and Chair RACGP Expert Committee Practice Technology and Management	Royal Australian College of General Practice
Ed Johnson	Speech Pathologist and President (SARRAH)	Services for Rural & Remote Allied Health (SARRAH)
Gavin JD Smith	Associate Professor of Sociology	ANU
Jane Desborough	Senior Research Fellow, Department of Health Services Research and Policy	ANU

Jess Wilson	Chief Executive	Good Things Foundation Australia
Liz Jones	Head of Collaborative Projects	Good Things Foundation Australia
Michael Bennington	Campaign Manager, Segment Campaigns - Regional Development & Engagement	NBN Co
Professor Christine Phillips	Professor, Social Foundations of Medicine	ANU
Professor Kirsty Douglas	Clinical GP working with vulnerable populations, Prof GP at ANUMS and Director AUGP ACTHealth	ANU Medical School
Professor Suzanne Robinson	Discipline Leader for Health Economics and Data Analytics	Curtin University
Sally Hall	Action Researcher, COVID-19 Primary Care Response Group Primary Care Division	Department of Health
Tamara Whyte	Regional Coordinator	NT Primary Health Network
Veronica Hall	Digital Technology Taskforce	Department of the Prime Minister & Cabinet

Roundtable Four Participants

Name	Role	Organisation
Andrew Thorp	Head of Strategy & Planning	Beyond Blue
Associate Professor Gavin JD Smith	Associate Professor of Sociology	ANU
Berne Gibbons	Head of Business Innovation and Partnership	Infomedix Pty Ltd
Blake Utomo	Community Engagement	Good Things Foundation Australia
Dr Amy Nguyen	Research Fellow	Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University
Dr Gabrielle O’Kane	Chief Executive Officer	National Rural Health Alliance
Dr Melinda Choy	Academic Lecturer	ANU Medical School
Dr Rae-Anne Hardie	Research Fellow	Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University
Ed Johnson	Speech Pathologist and President (SARRAH)	Services for Rural & Remote Allied Health (SARRAH)

Jane Desborough	Senior Research Fellow, Department of Health Services Research and Policy	ANU
Jennifer Beer	Health & Education Lead	NBN Co
Jess Wilson	Chief Executive	Good Things Foundation Australia
Joanne Hereward	Program Manager – Practice Technology and Management	Royal Australian College of General Practice
Julia Nesbitt	Digital Health Policy Officer	Consumers Health Forum of Australia
Leanne Wells	Chief Executive Officer	Consumers Health Forum of Australia
Liz Jones	Head of Collaborative Projects	Good Things Foundation Australia
Prof. Gavin Lambert	Director	Iverson Health Innovation Research Institute, Swinburne University of Technology
Professor Andrew Georgiou	Professor	Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University
Professor Christine Phillips	Professor, Social Foundations of Medicine	ANU
Professor Kirsty Douglas	Clinical GP working with vulnerable populations, Prof GP at ANUMS and Director AUGP ACT Health	ANU Medical School
Professor Linda Kristjanson AO	Patron	Good Things Foundation
Professor Mike Daube	Emeritus Professor	Curtin University
Professor Nilmini Wichramasinghe	Professor Digital Health, Deputy Director	Iverson Health Innovation Research Institute, Swinburne University of Technology
Professor Suzanne Robinson	Discipline Leader for Health Economics and Data Analytics	Curtin University
Sally Hall	Action Researcher, COVID-19 Primary Care Response Group Primary Care Division	Department of Health
Teena Blewitt PSM	Group Manager, Communities Group	Department Social Services
Travis Hodgson	A/GM Digital Programs & Engagement	Australian Digital Health Agency

Presentations

Dr Rae-Anne Hardie presented recent research by the Centre for Health Systems and Safety Research at the Australian Institute of Health Innovation.⁸ The research investigated the differences in telehealth (phone and video) uptake based on demographic and social factors across New South Wales and Victoria. The study covered nearly 30 percent of the Australian population, including urban and rural/regional populations (approximately 800 general practices), between January 2019 and September 2020.

The study discovered that:

- Patients in low-to-mid socioeconomic (SES) postcodes used telehealth consultations less when compared to patients in higher SES postcodes.
- Females had a higher proportion of their consultations via telehealth than males.
- Face-to-face consultations were higher in children and adolescents.

Further research is required to better understand the reasons behind lower uptake of telehealth in lower socioeconomic areas. Potential reasons proposed by the research team may include:

- Employment and home environment - workers less able to work from home, or not able to take a private call or video conference;
- Housing instability may impact access to telehealth;
- Potential impact of language barriers;
- Comprehension and understanding of social distancing requirements;
- Disability, which has been shown to be linked to SES, may hinder access or ability to use technology;
- Perceived risk of attending face-to-face consultations may be lower for certain patient subsets;
- More severe chronic conditions are better managed by face-to-face consultations. This justifies further analysis into which types of conditions were most often managed by face-to-face vs telehealth; and
- Access to technology and reliable internet/phone services.

The presentation from Dr Melinda Choy summarised multiple recent studies undertaken by Australian National University relating to barriers to access and use of telehealth with vulnerable populations.⁹ Dr Choy outlined the components required for patients to undertake a video consultation, including:

- Functioning computer or smartphone with a camera
- Digital literacy to proficiently use it
- Sufficient quality bandwidth and connection
- A private and secure space
- If non-English speaking, a reasonable interpretation service.

⁸ Hardie, R-A., Sezgin, G., Dai, Z., Wabe, N., & Georgiou, A. (2021). Socioeconomic and demographic comparisons in the uptake of telehealth services during COVID-19. *COVID-19 General Practice Snapshot*, (2). <https://doi.org/10.25949/YYH4-3T30>

⁹ Presentation of ANU research by: S. Hall, C. Phillips, J. Desborough, K. Barnes, K. O'Brien, J. Hickson, R. Etz, K. Eggleton, F. Goodyear-Smith and K. Douglas.

One study involving a survey of 420 General Practice patients in New South Wales and Australian Capital Territory investigated the affordability of owning an internet-connected phone or home computer/laptop, including maintenance and repair costs and adequate monthly data allowance. This study indicated that patients who did not finish high school were more likely to have trouble affording home computer maintenance and repair costs and adequate monthly data allowance. This is in line with the Australian Digital Inclusion Index 2020, which states that people with lower levels of education are some of the most digitally excluded in Australia.¹⁰

The early results of an Australia-wide rolling survey of GPs undertaken to understand the barriers to using telehealth with vulnerable patients proposed the following solutions:

USING TELEHEALTH WITH VULNERABLE PATIENTS
















Barrier	Patients impacted	Proposed Solutions
Lack of non-verbal or visual cues	 Low English proficiency  Hearing impaired  Speech impaired  Cognitively impaired	<ul style="list-style-type: none"> • Face-to-face consultations when possible • Having another person present (e.g., carer, family member, friend). • Coordinating an interpreter to be included in the telehealth consult. • Allowing extra time in the consultation
Poor connectivity for internet and/or mobile service	 Rural & Remote  Low income	<ul style="list-style-type: none"> • Face-to-face consultations when possible • Turn off video for video consults • Phone instead of video consults • Allowing extra time in the consultation
No access to a phone, internet, or computer	 Elderly  Low income  Experiencing homelessness	<ul style="list-style-type: none"> • Face-to-face consultations when possible • Phone instead of video consults
No quiet, private, and safe space for consultation	 Low income  Experiencing homelessness  Living in an institution	<ul style="list-style-type: none"> • Face-to-face consultations when possible • Allowing extra time in the consultation
Low Technology Literacy	 Elderly  Cognitively impaired  Low English proficiency	<ul style="list-style-type: none"> • Face-to-face consults where possible • Phone instead of video consults • Links to telehealth software on practice website • Written instructions sent to patients in advance of the consultation • Text message reminder of appointment containing weblink to the consultation • Specific staff member to assist patients with consultation set up • Dedicated space and staff in practice to help patients practice using telehealth

Image: Drawn from data from The Australian Quick Covid Clinician Survey series 8 and 10, <http://dx.doi.org/10.7302/384> & <http://dx.doi.org/10.7302/385>. See details at: <https://medschool.anu.edu.au/research/projects/covid-19-general-practice-clinicians-5-minute-survey>

¹⁰ Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T. (2020). *Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020*, RMIT and Swinburne University of Technology, Melbourne, for Telstra.

About Good Things Foundation's Digital Health Literacy Programs

[Good Things Foundation](#) is a social change charity, helping people to improve their lives through digital. We tackle the most pressing social issues of our time, working with community organisations across Australia and the UK to help people improve their lives through digital.

Good Things Foundation Australia launched in August 2017. We coordinate, support, and upskill the [Be Connected Network](#) of 3,500 community-based organisations and manage the Be Connected grants program. The Australian Government-funded Be Connected program for older people has engaged more than 970,000 people in digital literacy programs in three years and has recently been refunded for another three years.

In 2019, we commenced [Health My Way](#), a digital health literacy program supported by the Australian Digital Health Agency involving 75 community organisations in our network.

Through this program, our network of community organisations have provided one-on-one and group support to build skills and confidence in accessing reliable online health information and using digital tools such as My Health Record. They have demonstrated that they can connect with their communities in ways that more broad-based communication channels cannot. Our network of community organisations are trusted by community members and are a supportive focal point for place-based activities that generate social connections and facilitate community life - catalysts for health and wellbeing. The recent [Health My Way evaluation](#) indicated that the program had a significant positive impact on the digital health literacy of learners and increased people's social interactions and connections.

In the UK, Good Things Foundation has worked in partnership with its network of community organisations and the National Health Service to develop and deliver the [Widening Digital Health Participation program](#). This digital health literacy program has been delivered through establishing 'digital health hubs' in local communities and co-designing resources and programs to meet the community's needs. This program has resulted in a £6.40 ROI for every £1 invested in digital health inclusion.

About Australian National University's Digital Health Research

The Academic Unit of General Practice at The Australian National University Medical School has multiple active projects working on improving the digital health divide. In 2020, Dr Melinda Choy, Dr Elizabeth Sturgiss, Prof Felicity Goodyear-Smith, and A/Prof Gavin Smith published a qualitative study, *Digital Health Tools and Patients With Drug Use Disorders: Qualitative Patient Experience Study of the Electronic Case-Finding and Help Assessment Tool (eCHAT)*, in the *Journal of Medical Internet Research*.¹¹ This was a study of the experiences of patients with drug dependence using a digital health tool whilst attending an Australian General Practice.

In 2019–2020, Dr Melinda Choy, Dr Kathleen O'Brien, Dr Katelyn Barnes, Dr Elizabeth Sturgiss, A/Prof Elizabeth Rieger, and Prof Kirsty Douglas conducted a project titled 'Digital Health and Disadvantage', funded by the Royal Australian College of General Practitioners Foundation and IPN Medical Centres. This was an exploratory mixed methods study investigating how patients in primary care with socioeconomic disadvantage experienced access to digital health. It involved 420 patients and 32 General Practices across the Australian Capital Territory and south-east New South Wales. Publications for this work are still in process, but copies of the work can be requested by emailing melinda.choy@anu.edu.au, or you can review short-form early publications of the results at: www.researchgate.net/profile/Melinda_Choy.

Over 2019–2020, the Australian National University Public Policy and Societal Impact Hub, as part of the Crawford School of Public Policy, funded the Policy Greenhouse Collaboration Initiative. This initiative provided part of the funding and support for the *Expanding Digital Health* Roundtable series, a project designed to foster open conversation and collaboration between researchers, government, and non-government agencies working to close the digital health divide.

¹¹ Full-text available at www.jmir.org/2020/9/e19256/

For further information

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