

Avant Member Telehealth Survey

Survey report

October 2020

Executive summary

The COVID-19 pandemic has led to an unprecedented uptake of telehealth in Australia. This was facilitated by the new temporary MBS item numbers that initially were to run to 30 September 2020 but have now been extended to 31 March 2021.

To help its members navigate the transition to telehealth, Avant has provided them with information and educational materials about the safe and effective use of telehealth. Our members have responded positively to these resources. Nevertheless, the volume of unique page views to these resources, as well as the queries we have received through our Medico-legal Advisory Service specifically relating to telehealth, demonstrate that our members are experiencing some challenges with telehealth.

To help us identify areas where Avant could further assist members to practise safe and effective telehealth, we developed a survey that examined current use of telehealth. It focused on the challenges members are currently facing and their interest in using telehealth in the future.

Avant is Australia's largest medical indemnity insurer with 78,000 doctor and student members (policy holders). The survey invitation was emailed to over 50,000 Avant member doctors across Australia, covering all specialties, including trainees. It was open for 8 days from September 8th-15th. Over 1,300 members responded.

Key findings

The doctors who participated in this survey reflect a wide range of experiences and views.

Most wish to continue using telehealth in the future. To do so effectively, however, they need both adequate funding support and technological support.

From their responses, we identified the following themes as being most prominent:

- Telehealth is a useful adjunct to face-to-face consultations rather than a replacement.
- Telehealth provides more equitable access to healthcare and greater convenience for patients.
- Telehealth has changed the physical location where care is delivered for patients and doctors (as some deliver telehealth from their home).
- There is a lack of adequate education, training, guidelines and processes for using telehealth.
- Experience of and attitudes about telehealth differ greatly by specialty, including usage, training levels, comfort with the technology, routine processes and challenges.
- Trainees experience more challenges with using telehealth than other doctors and are concerned about a lack of training in physical examination when using telehealth.
- Patients have complained about aspects of telehealth that can sometimes be easily addressed (e.g. clarity on billing).

- In terms of barriers to using telehealth (phone/audio or video), the responses indicate that:
 - the biggest barrier is a need to see patients in person
 - the ability to safely triage patients is a notable barrier, especially for GPs.
- In terms of barriers to using video telehealth, the responses indicate that:
 - technical difficulties and equipment are the biggest barriers, particularly on the patient side of the consultation
 - patients' and doctors' personal preference for phone calls are also barriers.
- Many respondents experienced challenges when using telehealth. Common challenges included:
 - the inability to perform a physical examination
 - technical difficulties (e.g. drop-outs, poor audio)
 - the doctor and patient not being able to hear each other.

These findings highlight the challenges doctors face as telehealth finds its place in Australia's healthcare system. While doctors recognise telehealth has limitations, many believe that it is contributing to healthcare in ways that traditional healthcare cannot.

However, doctors have also highlighted important areas that need to be addressed to improve access to telehealth, the quality of care delivered through telehealth and the long-term financial viability of telehealth for doctors.

Avant will continue to be involved in addressing these issues through both educating doctors and advocacy to address policy change that will help doctors to practise telehealth safely and effectively.

For more information about our work in telehealth, please visit:

- [Avant Telehealth – what you need to know](#)
- [Advocacy at Avant](#)

What all respondents said:

96%



provide telehealth consultations to patients

87%



are interested in continuing to use telehealth post-pandemic (assuming ongoing MBS funding)

What respondents providing telehealth consultations said:

73%



haven't had any, or enough telehealth education/training

36% don't have clear guidelines to determine suitable patients for telehealth

54%



of trainees aren't exposed to the same learning opportunities when using telehealth

37% of trainees can't usually access supervisor support during a telehealth consultation

91%



said the inability to perform physical examinations was a challenge with telehealth

73% said a need to see patients in person prevented them from using more telehealth

81%



said technical difficulties were a challenge with telehealth

63% said patients' technical ability prevented them from using any or more video telehealth

Base: respondents to the Avant Member Telehealth Survey (Sept, 2020) who indicated they do consultations with patients.

Background

In 2020, as a result of the COVID-19 pandemic, telehealth usage has increased to an unprecedented level. In March 2020, the Commonwealth Government implemented new temporary MBS item numbers to cover a range of telehealth consultations for general practitioners, other specialists and health practitioners. The item numbers are currently planned to run through until 31 March 2021.

Since the start of the pandemic, Avant has been working to provide members with information and guidance about the safe and effective use of telehealth. The number of unique page views that our online resources have received, along with queries through our Medico-legal Advisory Service, demonstrate that our members are experiencing some challenges with telehealth.

Methodology

Following a literature review of the areas in telehealth where doctors are facing challenges and specific medico-legal risks, we developed a member survey (Appendix A).

The survey invitation was emailed to 50,465 Avant members.

The survey was open for 8 days from September 8th-15th, 2020.

Sample

A total of 1,363 members responded to the survey representing an absolute response rate of around 3% (unadjusted for email bounce backs).

Of the respondents, a small number (n=32) were excluded because they indicated in the survey that they were not working as a doctor or they did not do patient consultations.

This resulted in 1,331 member doctors who met the specifications to complete the survey (i.e. in-scope respondents).

The proportion of in-scope respondents by the state/territory they said they mainly practised in was:

- New South Wales (NSW): 34%
- Victoria: 33%
- Queensland: 21%
- South Australia: 4%
- Western Australia: 3%
- Australian Capital Territory (ACT): 2%
- Tasmania: 2%
- Northern Territory: 1%

The proportion of in-scope respondents by the specialty they said they were working in (either as a fully qualified doctor or trainee) was:

- General practitioners: 54%
- Physicians: 21%
- Surgeons: 12%
- Psychiatrists (derived from open text response on 'other'): 8%
- Other: 5%

Of the in-scope respondents, 5% said they were doctors in training (trainees) either as an intern, resident or registrar. The remainder indicated they were fully qualified in their field.

Limitations

This was an optional survey sent to Avant members. While not representative of all Avant members or all doctors in Australia, differences by specialty group, state/territory and training level are outlined in this report, where notable and where number of respondents allows.

For detailed results by these breakdowns, please refer to the *Avant Member Telehealth Survey – Results Supplement*.

Findings in detail

Telehealth usage profile

96% of respondents said they provide telehealth consultations (phone/audio or video) to some or all their patients.

This figure was high across the specialties with general practitioners (GPs) and psychiatrists the highest at 99%.

Across the states this figure was similar at 95% in NSW, 97% in Queensland and 98% in Victoria (other states and territories had too few respondents for reporting).

Fully qualified doctors and trainees also reported a similar level of telehealth provision (96% and 94% respectively).

We asked respondents who provided telehealth consultations about the proportion of consultations they ran via the different modes over the 4 weeks prior to the survey:

- 10% of respondents indicated they did not provide any face-to-face consultations.
- 12% indicated that more than three-quarters of their consultations were via phone/audio telehealth.
- 5% indicated that more than three-quarters of their consultations were via telehealth with video.
- 55% indicated they did not use video telehealth at all in that period.
- A median of 60% of consultations were provided face-to-face, in contrast with a median of 0% for video telehealth.

Table 1. Over the last 4 weeks, roughly what percentage of your consultations were...?

	Face-to-face	Telehealth with phone/audio	Telehealth with video	Other modes
Proportion of respondents				
0% of consults	10%	7%	55%	88%
1%-25% of consults	18%	49%	29%	11%
26%-50% of consults	17%	22%	8%	0%
51%-75% of consults	19%	10%	3%	0%
76%-100% of consults	35%	12%	5%	0%
Median % of consultations				
Median	60%	23%	0%	0%

Surgeons reported the highest median level of face-to-face consultations across the specialties (median of 80%).

GPs reported the highest median level of phone/audio consultations (median 30%) and psychiatrists reported the highest median level of video consultations (median 40%).

The biggest difference between audio and video telehealth provision was for GPs. 29% of GPs indicated they had provided video telehealth consultations in the prior 4 weeks, while 97% indicated they had provided phone/audio telehealth.

Respondents working in Victoria reported the highest median level of phone/audio consultations (median 46.5%) and video consultations (median 5%). This likely reflects the period of strict COVID-19 lockdown Victoria was undergoing when the survey was in field.

Trainees and fully qualified doctors were similar in their profile of use by mode, although trainees were less likely to have provided video telehealth in the given period (36% compared to 46%).

What is in this report?

- Responses from doctors who said they consult with patients.
- Results for all respondents to a question (note: not all questions were answered by all respondents due to survey routing and some respondents skipping questions).
- Highlights of results by subgroup (with n=50 or more respondents) including:
 - Specialty group: GPs, surgeons, physicians and psychiatrists; including those who are fully qualified or in training.
 - State: NSW, Victoria and Queensland.
 - Training status: Fully qualified doctors and doctors in training.
- The *Avant Member Telehealth Survey – Results Supplement* contains detailed results for all respondents and by subgroup.

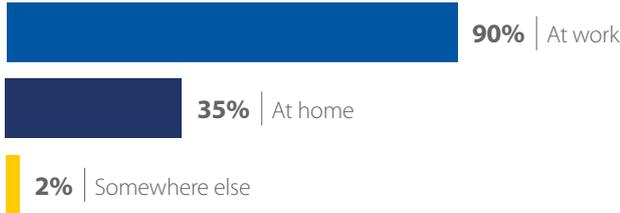
Location telehealth provided

90% of respondents who provide telehealth said they provide telehealth consultations (phone/audio or video) from work.

35% said they provide telehealth consultations from home.
9% indicated they provide them exclusively from home.

Where do you run your telehealth consultations?

Select all that apply.



The proportion who provide telehealth from home differed widely by specialty, ranging from 27% of surgeons to 49% of psychiatrists.

Victoria differed from the other states with 46% of respondents saying they ran telehealth consultations from home, compared to 31% in NSW and 27% in Queensland. Additionally, respondents in Victoria contributed to almost half of those who ran telehealth exclusively from home. This trend is likely to be a result of the strict lockdown period Victoria was observing at the time of the survey.

Trainees were less likely to provide telehealth consultations from home (26%) than fully qualified doctors (36%).

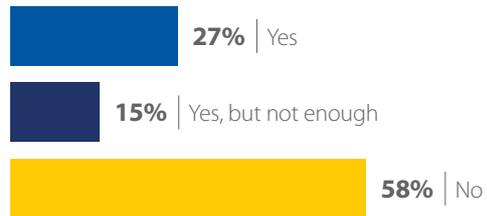
Telehealth training and education

Around three-quarters of respondents who provide telehealth consultations said they had not received any, or enough, education or training in how to conduct these consults.

58% said they had not received any education or training.

15% said they had received education or training, but it was not enough.

Have you received education or training in how to conduct telehealth consultations?



None of the specialties reported high levels of training or education. Surgeons who provided telehealth reported the least amount, with 74% saying they had not received any training or education in contrast to 47% of psychiatrists.

Across the states, the reported level of education or training in how to conduct telehealth consultations was similarly low.

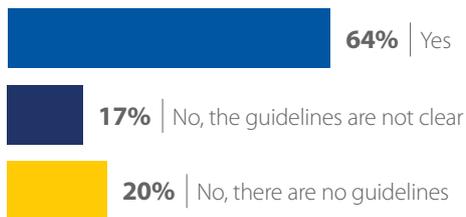
Fully qualified doctors and trainees also reported similarly low levels.

Telehealth triage guidelines

Around one third of respondents who provide telehealth consultations said they do not have any guidelines or lacked clear guidelines regarding who should be offered a telehealth consultation.

20% said 'there are no guidelines' and 17% said 'the guidelines are not clear'.

Do you have clear guidelines in your practice/workplace to determine who should be offered a telehealth consultation?



Note: percentages do not add to 100% due to rounding.

GPs who provide telehealth were most likely to report having clear guidelines (70%). For other specialties, the figure was lower (between 56% and 59%).

Similar results were seen across the states.

While 64% of qualified doctors said they have clear guidelines, only 47% of trainees said they do.

Telehealth consultation processes

Respondents who provide telehealth consultations said they routinely cover a range of issues at the start of the consultation.

92% said they routinely confirm they are speaking to the right person.

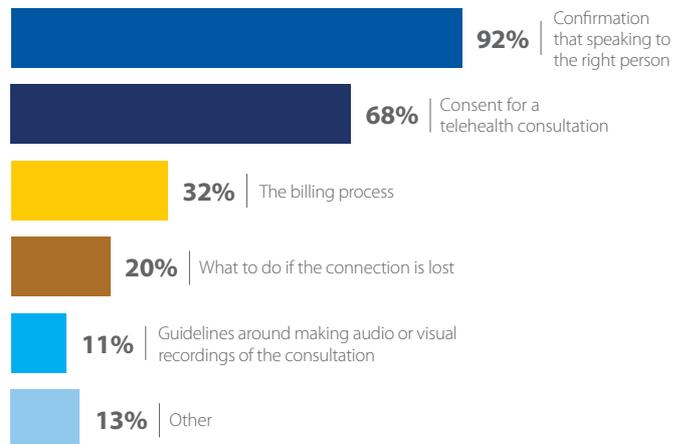
68% said they routinely cover consent for a telehealth consultation. Only 32% said they cover the billing process. A small number of respondents indicated in open-text that consent and/or billing was covered by the administrative staff prior to the telehealth consult.

Respondents infrequently said they routinely cover what to do if the connection is lost (20% of respondents) and guidelines around making audio or visual recordings of the consultation (11%).

13% of respondents mentioned other issues they cover, including:

- whether the patient is in a private place
- if anybody is with the patient
- limitations of telehealth, including that a face-to-face consultation may also be needed.

What do you routinely cover at the start of a telehealth consultation? Select all that apply.



Compared to the other specialties, GPs were most likely to say they routinely confirm they are speaking to the right person (96%), to cover consent for the telehealth consult (76%) and to raise the billing process (37%).

Psychiatrists were most likely to routinely cover what to do if the connection is lost (49%) and guidelines around making audio or visual recordings of the consultation (22%).

While there was some variation across the states in terms of what is routinely covered, the differences were not marked.

Results were also similar for trainees and fully qualified doctors.

Barriers to using telehealth

Barriers to using any or more telehealth

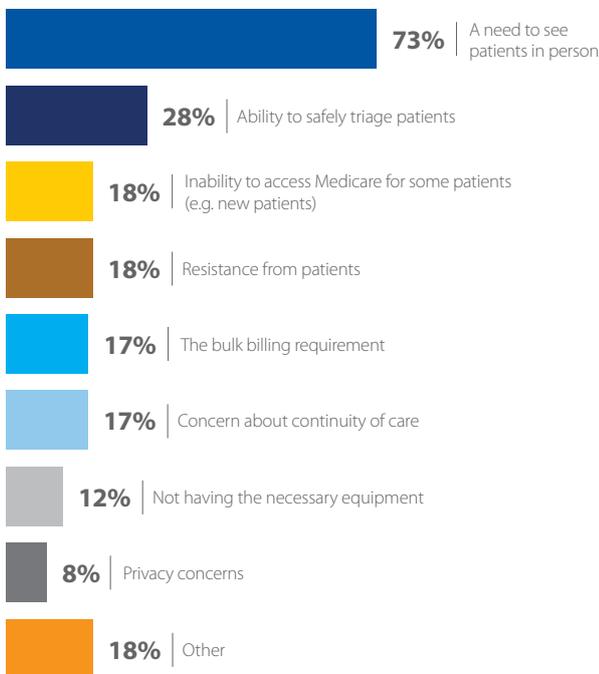
Among the respondents using telehealth, 73% said a need to see patients in person prevented them from using telehealth (phone/audio or video) more frequently.

Although much less commonly selected, 28% said the ability to safely triage patients prevented them from using telehealth more frequently.

A variety of less common barriers also prevented additional telehealth usage, as detailed in the following chart.

What prevents you from using, or more frequently using, telehealth (phone/audio or video) with your patients?

Select all that apply.



Note: although this question was asked of all respondents, these results are for those who said they provide telehealth.

Considerable variation in barriers by specialty was seen. Among those providing telehealth:

- needing to see patients in person as a barrier ranged from 47% of psychiatrists to 80% of surgeons
- ability to safely triage patients ranged from 13% of psychiatrists to 35% of GPs
- inability to access Medicare for some patients was mostly a barrier for GPs (27%), as was the bulk billing requirement (23%)
- concern about continuity of care ranged from 5% of psychiatrists to 21% of GPs.

While responses were generally similar across the states, the need to see patients in person was selected much less often in Victoria (66%) than in Queensland (82%). This may have reflected coronavirus case numbers and inability of doctors to see some patients during the strict lockdown in Victoria at the time of the survey.

The inability to access Medicare for some patients was also a less common barrier for doctors in Victoria (11%) compared to NSW (23%) and Queensland (22%). This was likely a result of GPs in Victoria being exempt from the requirement to have an established relationship with patients due to the state's lockdown at the time.

Results by level of training varied but not markedly.

Although caution needs to be taken for the small number of respondents (n=49), among those who were not using telehealth, the biggest barrier was a need to see patients in person (53%). In the open text part of the question, some mentioned that they worked in a hospital or another place where the patient's presence was necessary.

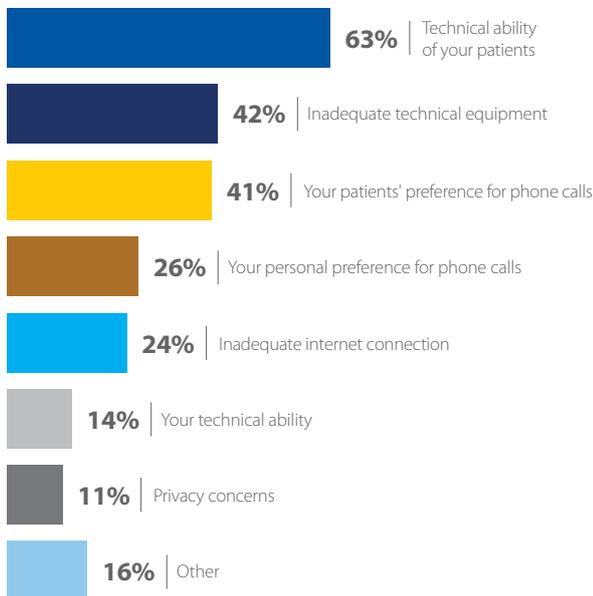
Barriers to using any or more video telehealth

Among respondents who provide telehealth consultations, 63% said the technical ability of patients prevented them from using, or more frequently using, video telehealth.

42% of respondents said that inadequate technical equipment was a substantial barrier to using video telehealth.

Preference for phone calls was also notable. Of the respondents who provide telehealth, 41% said their patients' preference for phone calls was a barrier, while 26% said they had a preference for phone calls.

What prevents you from using, or more frequently using, video telehealth with your patients? Select all that apply.



Note: although this question was asked of all respondents, these results are for those who said they provide telehealth.

Considerable variation in barriers by specialty was seen. Among those providing telehealth:

- technical ability of patients ranged from 45% of psychiatrists to between 61% and 68% of other specialties
- inadequate technical equipment ranged from 18% of psychiatrists to 50% of GPs
- personal preference for phone calls ranged from 8% of psychiatrists to 34% of GPs.

Results varied by state but did not differ markedly. However, some notable differences were seen by training level for those using telehealth:

- 41% of fully qualified doctors said inadequate technical equipment was a barrier compared to 58% of trainees.
- 15% of fully qualified doctors said their technical ability was a barrier compared to 5% of trainees.

Challenges in using telehealth

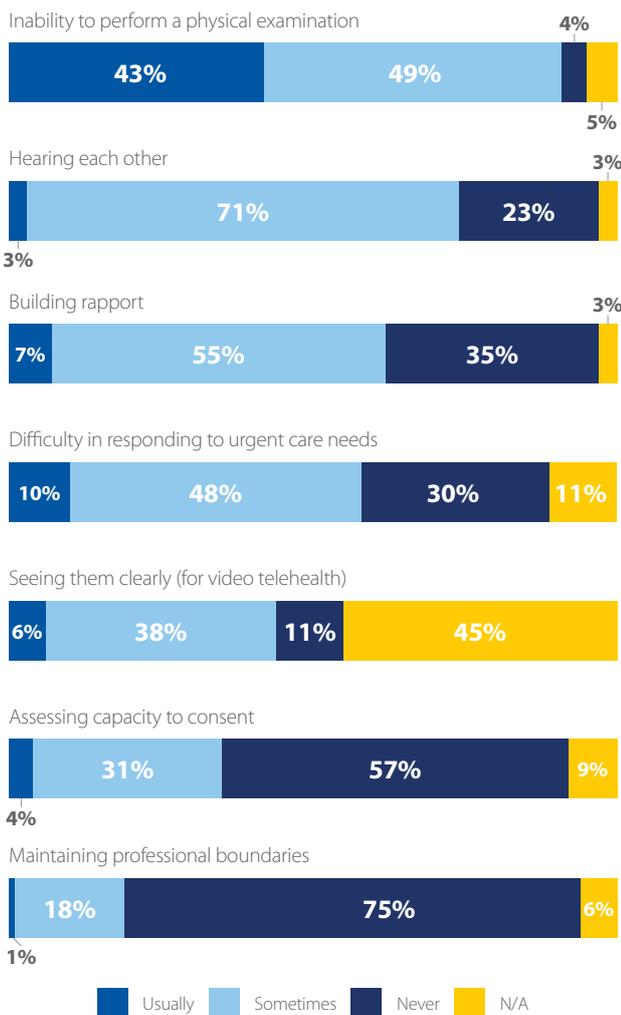
Challenges dealing with patients via telehealth

In addition to barriers to using telehealth at all, or using it more frequently, respondents indicated they experienced challenges when using telehealth.

Almost all respondents providing telehealth consultations said inability to perform a physical examination was a challenge with telehealth (phone/audio or video). 49% said it was 'sometimes' a challenge and 43% said it was 'usually' a challenge.

As detailed in the chart below, several other challenges in dealing with patients via telehealth were more common than not, including the doctor and patient being able to hear each other, building rapport with patients and responding to urgent care needs. In most cases, the issues were only 'sometimes' a challenge.

Please indicate how often you find these issues challenging when dealing with patients via telehealth (phone/audio or video)



Note: percentages do not always add to 100% due to rounding.

Across the different specialties, different challenges were raised among those providing telehealth:

- Inability to perform a physical examination was a common challenge, but frequency of the challenge differed. It was 'usually' a challenge for 60% of surgeons and 57% of physicians, compared to 15% of psychiatrists and 37% of GPs.
- Building rapport was 'usually' or 'sometimes' a challenge for 54% of GPs compared to 78% of physicians.
- Difficulty in responding to urgent care needs was 'usually' or 'sometimes' a challenge for 46% of psychiatrists compared to 64% of GPs.
- Assessing capacity to consent was 'usually' or 'sometimes' a challenge for 21% of psychiatrists compared to 42% of surgeons.

Across the states, challenges were generally similar, although 55% of respondents in Victoria said that seeing patients clearly via video telehealth was 'usually' or 'sometimes' a challenge, compared to 38% in both NSW and Queensland. This likely reflects the higher uptake of video telehealth in Victoria during the survey period.

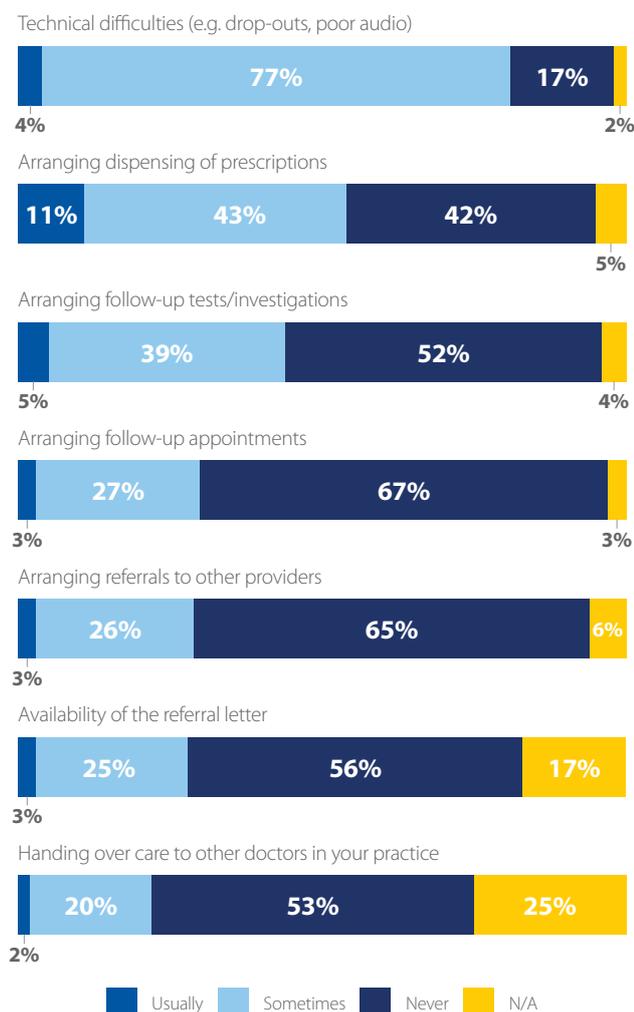
Generally, trainees indicated they had more challenges than fully qualified doctors in dealing with patients via telehealth. 75% of trainees said building rapport was 'sometimes' or 'usually' a challenge, compared to 61% of fully qualified doctors. 71% of trainees also said responding to urgent care needs was 'sometimes' or 'usually' a challenge compared to 58% of fully qualified doctors.

Other challenges in using telehealth

Technical difficulties (e.g. drop-outs, poor audio) was the most common challenge in using telehealth with 77% of respondents who provide telehealth saying it was 'sometimes' a challenge and 4% that it was 'usually' a challenge.

Arranging dispensing of prescriptions and arranging follow-up tests and investigations were also common challenges, as seen in the following chart.

Please indicate how often you find these other issues challenging when using telehealth (phone/audio or video)?



Note: percentages do not always add to 100% due to rounding.

Differences between the specialties were seen for these challenges among those who provide telehealth:

- Technical difficulties were 'sometimes' or 'usually' a challenge for 75% of surgeons compared to 94% of psychiatrists.
- Arranging follow-up tests/investigations was 'sometimes' or 'usually' a challenge for 54% of physicians compared to between 41%-43% for the other specialties.
- Availability of the referral letter was 'sometimes' or 'usually' a challenge for 20% of psychiatrists compared to 36% of surgeons and 37% of physicians.
- Handing over care to other doctors in the practice was 'sometimes' or 'usually' a challenge for 28% of GPs compared to 11%-16% for the other specialties.

Across the states, referrals as a challenge varied:

- 35% of respondents in NSW said availability of the referral letter was 'sometimes' or 'usually' a challenge compared to 27% in Victoria and 20% in Queensland.
- 36% of respondents in NSW said arranging referrals to other providers was 'sometimes' or 'usually' a challenge, compared to 25% in the other states.

Results were generally similar by training level, although trainees more often selected technical difficulties as a challenge. 91% of trainees said this was 'sometimes' or 'usually' a challenge compared to 80% of fully qualified doctors.

Telehealth and trainees

Of the trainees who provide telehealth consultations, 54% felt they were not exposed to the same learning opportunities when using telehealth. When asked to explain their answer, the most common reason given was the inability to physically examine patients. Some comments included:

Aren't able to examine patients. Its only via telephone not much I could offer but advice. (GP Registrar, QLD)

Less exposure to examining patients. I have exams coming up and there are many examination findings I have not seen as the patient wasn't present. (Trainee physician, QLD)

Difficult to get a complete picture without any physical exam. Minimal ability to have consultant supervisor in room or easily available to answer questions or review issues. (Trainee physician, VIC)

Missing out on face to face consults, examination, time management, identifying clinical symptoms and signs. (GP Registrar, VIC)

In contrast, 46% of the trainees who provide telehealth felt the opportunities were the same. These respondents made some comments about the benefits of training via telehealth; benefits such as strengthening learning in history taking, problem solving and communication. Some comments included:

It enhances my history taking and problem solving skills which are great learning opportunities. (GP Registrar, QLD)

Still get the opportunity to speak to our patients, determine their symptomology and history, and figure out appropriate management. (Trainee psychiatrist, VIC)

Providing care to patients via telehealth is a skill in its own right it focuses on history taking accurately and managing a patient at a distance. (Trainee physician, VIC)

It enhances communication skills with patients to conduct a consultation without non verbal cues. (Surgeon in training, QLD)

63% of trainees said they were 'usually' able to access supervisor support during a telehealth consultation, although 33% said they could only 'sometimes' access support, while 4% said they could 'never' do so.

When asked how support was accessed, respondents indicated it was through a variety of means and many accessed support in multiple ways. A phone call was most common, although face-to-face discussion was also mentioned, especially when the supervisor was in the same workplace. The practice of interrupting the consultation to discuss the case with their supervisor was also quite common. For some, the supervisor would be present during the consultation. Some comments included:

By direct access or phone from another location. (GP Registrar, NSW)

I will disconnect the telehealth, discuss with my supervisor and call the patient back. (GP Registrar, NSW)

Either place patient on hold and discuss with supervisor, or call back following discussion. (GP Registrar, QLD)

Leave telehealth appointment and offer to call back after talking to consultant. (Trainee surgeon, QLD)

Via phone for them to call in to the consultation, or by asking them during the consult as would be done in a face-to-face session anyway. (Trainee physician, VIC)

In a number of ways Sometimes face to face Over the phone or sometimes via watsapp [sic] or email. (GP Registrar, NSW)

Walk next door to supervisors room. If I knew how to put calls on hold I could do that, but haven't been shown. (GP Registrar, SA)

18% of fully qualified doctors said they supervise junior doctors performing telehealth consultations. This ranged from 13% of GPs to 30% of physicians. When asked if they had encountered any difficulties with this, most mentioned at least some difficulties. These were most commonly logistical in nature (e.g. juggling multiple phone calls, arranging interpreters, having to physical distance when observing the consult, time management, finding a suitable room), technical difficulties (e.g. poor audio quality, inability to connect) and clinical difficulties (in both assisting with the assessment of the patient and in assessing the care given by the trainee). Some comments included:

Difficulty juggling multiple phone calls at once - me on with my patient and the registrar on one with their patient and then them trying to contact me to get guidance. (GP, VIC)

Poor sound due to dropout when multiple people speak (Physician, NSW)

Not being present for the entire time due to technical issues (Surgeon, QLD)

Knowing how the interaction is going coming into the 'consultation' to provide the support without the usual visual cues. (GP, NSW)

Relying on the registrars account of the consultation (GP, ACT)

Some commented that they did not have any difficulties or that they felt supervision in the telehealth environment was beneficial. Some comments included:

Not different to supervising JMOs doing face-to-face consults. (Physician, NSW)

No different to being in the room with them. (Physician, NSW)

Minimal. Registrars are quite comfortable and recognize the limitations. If they need help they either call me in or call patient back to complete the consultation after my help/advice. (GP, VIC)

Nil. My registrars still contact me as per normal channels - via phone, or direct message, and I respond as required. (GP, QLD)

May not run as freely as before but sometimes goes better especially if a small group as extra questions go in chat. (Surgeon, NSW)

Patient complaints about telehealth

5% of respondents who provide telehealth consultations said that a patient had made a complaint to them (or their workplace) that they believe was a result of telehealth.

This was similar across all subgroups.

When asked about the nature of the complaint, more commonly mentioned issues were billing disputes, patients wanting to have a face-to-face consultation and communication problems such as misreading of non-verbal cues. Some comments included:

Patient complained that he/she had not been clearly advised that the consult would no [sic] attract a Medicare rebate.....due to the exclusion criteria for patients of practices that don't direct bill. (GP, NSW)

Went to inform patient re cost of the consult and they were offended by this as were expecting to be bulk billed even though they did not qualify. (GP, SA)

Refusing telehealth and want face to face. Complaining to others about lack of face to face service. (Physician, VIC)

A patient complained to reception because they wanted to come in person when our policy at that time was to conduct all consultation per telehealth for all vulnerable patients and acutely unwell patients. (GP, NSW)

They thought I was rolling my eyes, making inappropriate gestures; which I believe was a direct result of a poor video connection (screen freezing etc). (Psychiatrist, VIC)

Patient complained that I was in a hurry and didn't give him enough time. We are jiggling at least 3 screens and writing notes while interacting. (Physician, VIC)

Patient said that I was frequently typing and looking at the computer screen, felt that I was distant with no rapport. I do not feel that telehealth was the only reason but it contributed. (Psychiatrist, VIC)

A variety of other less commonly mentioned issues were also raised including:

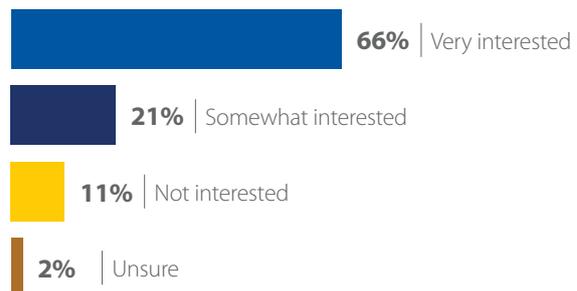
- problems with the transmission of scripts and referrals
- clinical issues
- technical issues
- privacy concerns
- missed appointments.

Future use of telehealth

When asked about future interest in using telehealth, assuming COVID-19 is no longer a pandemic and ongoing MBS funding, most respondents were interested.

66% said they were 'very interested' and 21% said they were 'somewhat interested'.

In a future where COVID-19 is no longer a pandemic, how interested would you be in using telehealth with your patients (assuming ongoing MBS funding)?



Interest in using telehealth in the future varied widely by specialty from 70% of surgeons to 92% of GPs saying they were 'somewhat interested' or 'very interested'.

Surgeons also felt less intensely about continuing with telehealth than the other specialties, with 44% saying they were 'very interested' compared to between 65% to 72% of the other specialties. Additionally, 25% of surgeons said they were 'not interested' compared to 7% to 14% of the other specialties.

Interest in using telehealth in future was similar across the states.

Although most trainees and fully qualified doctors were interested at some level in using telehealth in the future, 67% of fully qualified doctors were 'very interested' compared to 57% of trainees.

Comments about telehealth

We asked respondents whether they had any further comments about their use of telehealth. We received 757 comments.

The main themes raised with a sample of relevant quotes are detailed below (as they appeared in the response).

Role of telehealth

Respondents often said that telehealth was not appropriate for all consultations but was a tool to be used alongside face-to-face consultations.

I think telehealth is an important arrow in the quiver of modern medical practice. (GP, QLD)

Telehealth allows for better patient care and convenience, as an adjunct to, not a replacement for, face-to-face consultations. (Physician, NSW)

It cannot work for all consults but is a useful tool to have available. (GP, NSW)

Patients like it from a convenience point of view. Very useful as an adjunct to face to face interviews. (Psychiatrist, QLD)

I would hope that Telehealth continues in some form, but would not like to see it become the norm for clinical practice, rather a tool to be used in certain circumstances. Face to face contact with patients is essential in providing good care but also for job satisfaction. (GP, SA)

It is a valid option in health care, for patients whom the GP already knows. It can be used wisely, and it complementary to traditional consultation. (GP, TAS)

Some felt the nature of their speciality made telehealth consults inappropriate in most if not all circumstances.

Telehealth is not appropriate for an obstetrician and gynaecologist. (Surgeon, NSW)

Telehealth is very difficult with Ophthalmology as a clinical exam is usually needed. (Surgeon, VIC)

Examination is 50 % of the assessment process, and thus nearly every surgical Telehealth consultation is negligent. (Surgeon, VIC)

As a dermatologist, apart from a few select patients (follow ups) I dislike telehealth. I do not believe that the care I provide is as good as face to face (and we are held to the same standards). (Physician, TAS)

Telehealth makes it very tricky to assess patients (especially since I work in Paediatrics). There is also a worry about missing diagnosis and liabilities as a health care professional if something is missed as a result of telehealth consults. (Trainee physician, NSW)

Difficult to implement in Emergency, but I absolutely think it could be a valuable tool in other areas of medicine. (Trainee in emergency medicine, VIC)

Choosing the right patient

Many raised the importance of having a clear triage system to assess suitability of patients for telehealth (e.g. for existing patients, for follow-up, for certain pathologies).

I only see existing patients via telehealth, and can offer on the day, in office appointments if needed. (GP, QLD)

Would use it for follow Up monitoring & routine referrals Would need to see patients for new problems & also to build a relationship with patients Without that patients could call any GP like a call service. Unacceptable. (GP, VIC)

I have not done any initial consultations for patients via Tele health but find it extremely useful for follow-up. (Physician, QLD)

Telehealth has a definite role, but is not appropriate for every patient. I triage the suitability of each patient for Telehealth. Patients are all informed that I may need them to come in and see me if I cannot get enough information from the Telehealth consultation. (Surgeon, VIC)

Great tool specially for follow ups and triage. (Surgeon, VIC)

Practicalities of telehealth

To make telehealth financially viable in future, ability to bill appropriately was raised by many respondents. In particular, many GPs were concerned about the viability of having to bulk bill. Some were also concerned that patients who can have a face-to-face consultation are financially motivated to choose telehealth when it is bulk-billed.

Compulsory bulk billing for gps will not be viable. (GP, NSW)

It has a definite role but privately billing is a real issue. Prefer not to have to bulk bill. (GP, QLD)

Due to the pandemic, patient expectations and competition factors from other GP practices in our area there is pressure to bulk bill all telehealth services. It would much better if GP's were able to privately bill a larger proportion of these. (GP, VIC)

The situation where GPs have to bulkbill a large majority of patients whereas non GP specialists and allied health do not have to need to be urgently addressed. We are NOT a bulkbilling practice and we are concerned that the expectation in future may be that we will bulkbill routine F2F consultations. (GP, QLD)

I work in a private billing clinic and some patients are using telehealth because they can be BBed [sic] due to age even though have no comorbidities and are perfectly well to come into the clinic. Limited item numbers available every consult falls into the same category. (GP, SA)

The need for improvements to telehealth technology, including a standardised platform was also commonly raised.

Easy availability of secure video platform that integrates with usual software, eg waiting room would be really helpful. (GP, TAS)

Quality of internet connection is the single greatest barrier to effective use. (Physician, SA)

I think there has been little scrutiny of the potential risks of different telehealth platforms and there has been little consideration to the limitations of the medium given the urgency to implement it at the beginning of the pandemic. (Psychiatrist, NSW)

Systematic software usage would be very helpful, as occurs in some states. (Physician, VIC)

If video used in future it needs to be time efficient to connect. We need software that makes emails easy too. (GP, VIC)

I find video more useful and more satisfying, but the audio is often lacking compared to a telephone call (likely to be due to the quality of the patient's internet connection). (GP, VIC)

I think video consultations would be better in the long term than just telephone but they would need to be funded as they take longer due to technical issues mostly just related to time taken to set up consult both patient and practitioner. (GP, QLD)

In my regional practice, barriers to telehealth, especially video relate to patient capability, and availability of hardware. NBN and Telstra have both given us grief with poor connections. (GP, VIC)

Some respondents raised the need for training and education about the use of telehealth (including for patients).

Guidelines and training regarding telehealth use should be mandatory. (Physician, VIC)

It should be included in GP training and embraced. (GP, WA)

I think Telehealth is useful a lot of the time. Many of my patients would like to continue some appointments as Telehealth. I am happy to provide that. However I don't have a video capability and I would appreciate education on how to do this. (GP, QLD)

More education for patients & more guidelines for doctors would be appreciated. (GP, QLD)

Benefits of telehealth

Many respondents commented on the way telehealth has increased access to healthcare. Comments referred to increased access for:

- patients in rural and remote areas
- vulnerable patients
- patients who cannot travel
- busy patients.

Very efficient time saving for patient especially if they live on isolated properties they dont [sic] have to travel up to 100kms one way to discuss such things as blood tests. (GP, NSW)

Access to Telehealth has been enormously helpful for patients who may have to travel some distance for relatively short appointments and who have other commitments [sic] eg work/study/child care.

Often patients may have to cancel when a telehealth appointment would have allowed them to access the service. (Physician, QLD)

It is so very good re combating the tyranny of distance for rural and remote patients in particular, and for patients who cant get themselves to the clinic for whatever reasons (think ASD, cant drive, disabled, frail, immunocompromised etc). (GP, QLD)

It allows reduced need for vulnerable populations to present to places when they may at increased infection risk. (GP Registrar, NSW)

Being able to reduce the number of times an elderly person has to attend for face to face consults reduces the necessity for carers bringing them and allows more time for the carer to do personal care rather than sitting idle in a doctor's waiting room. Many are infirm and have great difficulty travelling to the doctor. (GP, NSW)

I believe a telephone consultation where appropriate is much less threatening to many patients including indigenous patients and young mothers, and have found much better uptake of my services via telehealth especially telephone since that became available. (Physician, NSW)

Young people have been more engaged in contacting me independent of their parents by phone/facetime. (GP, VIC)

I think telehealth massively improves access to clinicians. I look after a lot of young patients with inflammatory bowel disease and it has markedly reduced the burden of their healthcare needs on their life. They don't need to take time off work and it really increases flexibility. (Physician, VIC)

In line with this, the convenience of telehealth for patients was often raised as a benefit.

It can be very convenient and patients do not always need to be seen F2F. (GP, NSW)

It offers convenience to patients who have regular follow up appointments and treatment of avoiding a hospital visit if face to face consultation is not a requirement. (Physician, SA)

Patients are very satisfied with video – convenience, reduced costs (travel, parking, time). (GP, VIC)

Many patients prefer The convenience and ease of telehealth whilst still getting a quality service. It has reduced my DNA rate both through patients finding it easier to attend but also they are just a phone call away if they forget. (Psychiatrist, VIC)

Patients report they love the convenience of appointments, reduced travel. (Trainee psychiatrist, VIC)

In appropriate circumstances it works very well, and patients appreciate the convenience. (GP, QLD)

Telehealth is here to stay. Extremely convenient for doctors and patients. Many instances where this would be the preferred communication option. (Physician, VIC)

Other comments about the benefits of telehealth included that: it allows for continuity of care; keeps vulnerable doctors safe; streamlines the workload of doctors; and means some services previously provided for free are now billable.

Concerns about telehealth

Those who were not interested in using telehealth in the future raised two main issues in their comments.

First, they mentioned the need to physically examine patients. Surgeons were particularly concerned about this limitation.

It's only useful for triage in my specialty as every patient requires an examination. (Surgeon, WA)

It is difficult, if not impossible to perform any meaningful ENT examination over telehealth. (Surgeon, VIC)

Useless Unable to examine patients by video Total farce. (Surgeon, NSW)

As a general physician, and the obligations of a person's fitness for work, or an assessment of the impact of disease or injury on a person, an examination is vital. There is no effective other option for greater than 95% of my practice. (Physician, QLD)

It is a very poor substitute for proper physical examination. (Physician, ACT)

Second, they were concerned that telehealth eroded the traditional practice of medicine and that it was an inferior form of medicine.

Telehealth is attractive to those who actually don't do it. ie government administrators etc. It is clumsy and grossly inferior to face to face. (Physician, NSW)

I believe in old fashioned patient doctor interaction. (GP, NSW)

Genuinely feel it is inferior to a live consult. It is an attempt to erode the role of the doctor as a clinician. (Physician, QLD)

The most shameful, negligent, ineffective and degenerate depth of medical practice/activity I have ever had to be involved in. No wonder patients have begun to present to hospital in extremis! (Physician, VIC)

Telehealth is inherently inferior to a face to face consultation. Much communication is lost No examination is possible It should only be used where necessary for good reasons. (Surgeon, NSW)

Across all respondents, other concerns about telehealth included:

- limitations on the ability to communicate and build rapport with patients (particularly via phone)
- concerns about delayed or missed diagnosis
- limitations in the technical ability or technology access of patients
- patients breaching professional boundaries and showing less respect for the doctor
- abuse by money orientated set-ups
- substitution of physical examination with investigative tests
- increased workload due to additional administrative tasks
- fragmentation of care
- concerns about privacy.

Appendix A: Survey instrument

Telehealth: Avant Member Survey

Thank you for participating in this survey.

Your responses will help us understand both how you use telehealth and any challenges you are currently facing. They will help guide our advocacy and educational initiatives.

The survey will take you around 10 minutes to complete.

The results will be used in accordance with our [Privacy Policy](#). Survey responses are anonymous and will be reported at an aggregate level, unless you consent to us using your comments.

1. Are you a...

- Medical student (route to end)
- Doctor in training (i.e. Intern, Resident, Registrar)
- GP, Specialist or Career Medical Officer
- None of these (please specify _____) (route to end)

2. What is your specialty (or the specialty you are training for)?

- General practitioner
- Surgeon
- Physician
- Other (please specify _____)

3. What state/territory do you mainly practise in?

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

4. Do you provide telehealth consultations (phone/audio or video) to some or all your patients?

- Yes
- No (route to Q16)
- N/A – I don't do patient consultations (route to end)

5. Over the last 4 weeks, roughly what percentage of your consultations were...?

Face-to-face	(%)
Telehealth with video	(%)
Telehealth with phone/audio only	(%)
Other modes (e.g. webchat, SMS, email)	(%)

6. Have you received education or training in how to conduct telehealth consultations?

- Yes
- Yes, but not enough
- No

Unless otherwise specified, in the following questions the term 'telehealth' includes both phone/audio consultations and video consultations.

7. Where do you run your telehealth consultations?

Select all that apply

- At work
- At home
- Somewhere else (please specify _____)

8. Do you have clear guidelines in your practice/workplace to determine who should be offered a telehealth consultation?

- Yes
- No, the guidelines are not clear
- No, there are no guidelines

9. What do you routinely cover at the start of a telehealth consultation? Select all that apply

- Confirmation that speaking to the right person
- Consent for a telehealth consultation
- What to do if the connection is lost
- The billing process
- Guidelines around making audio or visual recordings of the consultation
- Other (please specify _____)

Only ask Q10-Q13 to those who selected 'Doctor in training' in Q1

10. As a trainee, do you feel you are exposed to the same learning opportunities when using telehealth?

- Yes
- No

11. Please explain why you gave this answer?

12. During a telehealth consultation, do you feel you are able to access supervisor support?

- Usually
- Sometimes
- Never (skip next question)

13. How do you access this support?

Only ask Q14-Q15 to those who selected 'GP, Specialist or Career Medical Officer' in Q1

14. Do you supervise junior doctors performing telehealth consultations?

- Yes
- No (skip next question)

15. What, if any, difficulties have you encountered with supervision in the telehealth environment?

Ask Q16 and Q17 to all who see patients (whether or not use telehealth)

16. What prevents you from using, or more frequently using, telehealth (phone/audio or video) with your patients? Select all that apply

- N/A – I use telehealth for all consultations
- Ability to safely triage patients
- Concern about continuity of care
- Not having the necessary equipment
- Resistance from patients
- A need to see patients in person
- Privacy concerns
- The bulk billing requirement
- Inability to access Medicare for some patients (e.g. new patients)
- Other (please specify _____)

17. What prevents you from using, or more frequently using, video telehealth with your patients? Select all that apply

- N/A – I use video telehealth for all consultations
- Inadequate technical equipment
- Inadequate internet connection
- Your technical ability
- Your personal preference for phone calls
- Your patients' preference for phone calls
- Technical ability of your patients
- Privacy concerns
- Other (please specify _____)

Ask Q18 to Q20 only to those who use telehealth

18. Please indicate how often you find these issues challenging when dealing with patients via telehealth (phone/audio or video)?

Inability to perform a physical examination			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Difficulty in responding to urgent care needs			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Building rapport			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Maintaining professional boundaries			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Assessing capacity to consent			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Hearing each other			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Seeing them clearly (for video telehealth)			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A

19. Please indicate how often you find these other issues challenging when using telehealth (phone/audio or video)?

Handing over care to other doctors in your practice			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Availability of the referral letter			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Arranging referrals to other providers			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Arranging follow-up tests/ investigations			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Arranging dispensing of prescriptions			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Arranging follow-up appointments			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A
Technical difficulties (e.g. drop-outs, poor audio)			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> N/A

20. Has a patient ever made a complaint to you (or your practice/workplace) that you believe was the result of telehealth?

- No
- Yes (please indicate how the complaint related to telehealth _____)

Ask Q21-Q23 to all who see patients

21. In a future where COVID-19 is no longer a pandemic, how interested would you be in using telehealth with your patients (assuming ongoing MBS funding)?

- Very interested
- Somewhat interested
- Not interested
- Unsure

22. Do you have any other comments you would like to make about your use of telehealth?

Reporting of survey results for education and advocacy efforts is enhanced by including comments from respondents. No names would be attributed to the comments, only level of training, specialty and state/territory (e.g. 'GP Registrar, NSW', 'Surgeon, VIC').

23. Do you consent to Avant including your anonymous comments when reporting survey results?

- Yes
- No

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