Awareness, experiences and perceptions of Telehealth in a rural Queensland community

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Overview
• Background
• Aim
• Methods
• Findings
• Conclusion


Australia
• Large land mass
• Low dispersed population
  – Density
    • Australia 3/km²
    • USA 35/km²
    • UK 265/km²
    • India 421/km²

Effects
• Urban population \( \rightarrow \) rural population
  • Health services concentrated in urban areas
  • Health outcomes worse in rural locations
    – Life expectancy 4 years less
    – Mortality for people <65 twice as high compared to urban area
  • Poorer health outcomes attributed to inequity of access to healthcare

Telehealth
• Can be used to substitute some health services
• Reduce need for travel
  – Less time off work
  – Reduce costs for accommodation, petrol, parking
  – Reduce delays seeking treatment
  – Improve time to diagnosis/treatment
  – Improve health outcomes

What is known?
• Telehealth has been widely promoted through government incentives
• Systemic investments across Australia in infrastructure and equipment
• Slow growth
• Underuse continues to be reported
• Barriers
  – Clinician acceptance, ethico-legal concerns, organisational readiness, economic restraints, policy, workforce availability
What is not known?
Community perceptions and awareness
- Willingness to try new technology
- Understanding of options and choices
- Experiences with telehealth

Aim
To explore community awareness, experiences and perceptions of telehealth in the Darling Downs region of Queensland

Methods
- Phenomenological approach
  - Intention to understand perspectives of the community
- Semi-structured interviews
  - Interview guide informed from the literature
  - Piloted and refined

Sampling
- Three towns- Dalby, Chinchilla, Miles
- Convenience sample
  - General public in shopping mall, main street, post office, library
- Recruitment continued until wide variety of demographics reached
  - Interviews undertaken over 3 days

Analysis
- Constant comparison
  - Inductive approach to identifying themes and applying coding
- Content analysis
  - Subjective interpretation through systemic classification
  - Manifest data – visible obvious components
  - Latent data – relationships between data, meaning, interpretation

Results- participants
- 47 participants
  - 55% Male, 45% Female
  - Wide range of age groups
  - 94% Caucasian, 6% Aboriginal
  - Wide range of employment status, marital status, education
  - 47% pre-existing health condition
  - 60% previously heard of telehealth
  - 12% previously used telehealth
  - 83% would consider using telehealth for themselves/family
## Themes
- Acceptance of the need to travel
- Empowerment and paternalism
- Trust and uncertainty

### Acceptance of travel
- You live in the bush - You just have to travel
  - Groceries, clothing, entertainment, social events and healthcare
  - Lack of appreciation of efforts from healthcare providers
  - Healthcare providers unaware

  "It’s hard for them to get their head around the idea we can’t just pop in the next day for follow up"

### Acceptance
- Lack of opportunity to change ‘the system’
- No perceived alternative options to access healthcare
- Beyond community control
- ‘Should be better’

  "It’s the way things are"

### Empowerment and Paternalism
- Desire for greater control and autonomy
  BUT
- Participants unsure as to what role they had in healthcare
- Contemporary healthcare is ‘patient centred-care’
  - patient as active participant
- Historically healthcare paternalistic – patient is recipient
  - patient is passive

### Trust and Misconceptions
- Need to see a familiar doctor
- 15% thought telehealth not suitable for own healthcare
  - Prefer face-to-face
  - Concern regarding inability to examine

  "Oh… I am not sure, you can only see a little bit… I would be a bit worried on it"

  "Us old people, we can’t connect with that modern day thinking"

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*I wouldn’t have minded doing some appointments by telehealth, but generally they were shoving dye into me and whacking me into a machine. If it could be done by video it wouldn’t worry me, and it would save me 10 hours behind the wheel and half a tank of petrol*
Misconceptions about the process of telehealth consultations
- Need for equipment in the home
- Expected to manage technical aspects
- Process and responsibility for organising and managing appointment

Discussion
- Rural health still largely paternalistic
  - System makes decisions, lack of informed choice
- Outdated view of patient role
- Shared decision making considered integral to high quality health service
- Telehealth should be common place in a truly patient-centric system

Most identified benefits and barriers concur with literature
- Study highlights lack of awareness as a barrier
  - Community
  - Primary health care; how to refer and access telehealth
- Self advocacy in health developing
  - Greater flexibility from health system needed

Greater community awareness is an important driver for telehealth services
- Public awareness efforts should focus on increasing community understanding of options to access healthcare, including telehealth models of care

Thank you