An exploration of the experiences of virtual care in NSW

THE UNIVERSITY OF SYDNEY

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NSW Council of Social Service

Acknowledgement of Country

NCOSS respectfully acknowledges the sovereign Custodians of Gadigal Country and we pay our respects to Elders, past, present and emerging. We acknowledge the rich cultures, customs and continued survival of First Nations peoples on Gadigal Country, and on the many diverse First Nations lands and waters across NSW.

Acknowledgement

About NCOSS

NSW Council of Social Service (NCOSS) is the peak body for non-government organisations in the health and community services sector in NSW. NCOSS works to progress social justice and shape positive change toward a NSW free from inequality and disadvantage. We are an independent voice advocating for the wellbeing of NSW communities. At NCOSS, we believe that a diverse, well-resourced and knowledgeable social service sector is fundamental to reducing economic and social inequality.

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CEO message

As the NSW health system grappled with the COVID-19 pandemic, virtual care was significantly expanded to enable ongoing access to health care. For many, it continues to play a major role in their lives and improved the quality, affordability, and safety of health care. However, significant barriers to accessing virtual care still exist, and they disproportionately impact the most vulnerable and disadvantaged members of our community.

This summary report highlights the key findings from our research of the lived experiences of people accessing and using virtual care. They are broadly positive – highlighting the need to continue this mode of service provision – but clearly articulate the barriers that must be addressed.

The research shows that, when offered as a choice, virtual care can enhance the overall quality of care. Many cohorts benefit immensely from the convenience, flexibility and affordability of virtual care services. People with chronic health conditions no longer have to muster up the energy to attend face-to-face appointments for test results or recurring script renewals, while carers can reduce some time in their busy and demanding schedules. People living in regional NSW can access care that would not have otherwise been available in their small community, and people in casual work can more easily manage appointments around their work requirements. The indirect healthcare cost savings associated with travel, lost work, childcare and carer expenses have been significant for many in this cost-of-living crisis.

Hidden behind these positive experiences is the stark reality of a digital health divide. The successful provision of high-quality virtual care relies on service users having the knowledge and means to access it, but we know this is not a universal experience. People who are living in low-income households may not be able to afford the right device or the necessary data connection. People who are socially isolated, including older people, may not have the support from family and friends to help them set up the technology. People in overcrowded housing may not have access to a quiet, private space.

Many of the respondents shared their expectation that government address this exclusion, so that everyone can benefit from virtual care. One participant quote eloquently captures this view:

> *It's an unequal society partly, because everybody's different, and that means they have different abilities to cope or do things. So, people who have problems with digital technology, they're behind the eight ball automatically... those people should be helped with some system support.*

By supporting the most vulnerable and partnering with the community services sector, the government can address the systemic and structural barriers that prevent socially isolated and digitally excluded people from accessing and using virtual care. Our recommendations, developed in consultation with key stakeholders, aim to improve the way virtual care is accessed and delivered so that all members of the community can benefit from the invaluable service and the impact that high-quality healthcare has on peoples' lives.

Ben McAlpine
Acting CEO

About this Research

Background

During the COVID-19 pandemic, health care in Australia undertook radical changes to minimise social contact and the spread of the virus by a rapid increase of virtual care and telehealth. Virtual care services (including telehealth) were delivered in real-time using telephone and video conferencing platforms. While this mode of delivery was not new at the time, prior to the pandemic the uptake was slow and medical rebates were limited. During the pandemic private practitioners, NSW Health and non-government organizations quickly moved to provide services virtually. This qualitative study examines the lived experience of using virtual care and telehealth by people across NSW, during and since the COVID-19 pandemic.

Methodology

The study undertook individual interviews with 37 people and conducted two focus groups with 19 people. Research participants resided in urban, regional, rural and remote areas of NSW, with over half of participants living outside of Sydney. The focus groups were conducted in outer metropolitan areas and included public housing tenants, young parents, and older women. Over 60% of the research participants were living on a low income. Significant numbers of people with chronic health conditions and disabilities, as well as people who cared for others with high needs and people who spoke a language other than English, were represented in the sample.

> *I'm glad it's there and I think it should stay there. It's a good thing for a lot of reasons. To have that access to Sydney doctors like that, without having to drive down there and have that accommodation and all that, is really good.*
>
> *Rural participant*

Key Findings

This research demonstrates the highly valued role that virtual care has in the lives of people in NSW, and particularly highlights the critical role it can play for people who are socially isolated, vulnerable and excluded.

1 Virtual care is accessed across many areas of the health system.

A wide range of services were accessed via telephone and via video link, with many people accessing more than one service type virtually. The most common service accessed was General Practitioner (GP) appointments (83% of participants), mostly conducted via a voice telephone call. The next most common service accessed via virtual mode were mental health services (51%). Mental health appointments, specialist and allied health appointments were more often delivered via video call.

2 Virtual care is convenient, flexible and affordable.

When provided effectively, telehealth and virtual care is a highly valued health care option with many benefits for consumers. Participants reported that virtual care was convenient, flexible, improved safety and comfort, and saved time and money.

The convenience of telehealth allowed people to prioritise their health care needs, overcoming access barriers and hidden costs such as petrol or public transport fares. People with chronic health conditions reported saving on time-consuming tasks such as obtaining script repeats. *Health Direct* in particular was highlighted as valuable outside of standard operating hours.

Respondents also reported a greater sense of safety and comfort, reducing their risk of contracting COVID-19 and other diseases by avoiding in-person appointments. Psychological safety was also apparent, as some people felt more relaxed in their own safe space. People want it to stay as an option across all areas of care that do not require a physical examination.

Telehealth and virtual care were experienced as less expensive or financially on par with using face-to-face services.

3 Virtual care is particularly beneficial for vulnerable groups and those in regional NSW.

Certain population groups particularly benefitted from virtual care, particularly carers, regional and rural communities, those receiving mental health care, and casual employees.

Many carers spoke about the life-changing difference of virtual appointments. Virtual care reduced the time, money, and effort in transporting their loved ones to face-to-face appointments. This flexibility alleviated stress and improved the experience of those they care for, especially for children with chronic health conditions that require ongoing appointments.

People living in regional, rural and remote areas of NSW had timely access to doctors, specialists and mental health care, resulting in significant savings and health benefits. People in casual and itinerant work reported that they could better manage their health needs alongside their fluctuating employment circumstances. People accessing mental health care valued the safety of access in their own environments.

4 People who are both socially isolated and digitally excluded are most at risk of being unable to access virtual care.

Many people require assistance to access virtual care. Family members and loved ones are providing this type of assistance, especially for older parents and grandparents. The people who are most at risk of being excluded from accessing virtual care options are people who are both socially isolated and lack the digital skills and technology. This particularly includes some older people and those on low incomes. Participants expressed an expectation that people who are socially isolated and digitally excluded are assisted by community services.
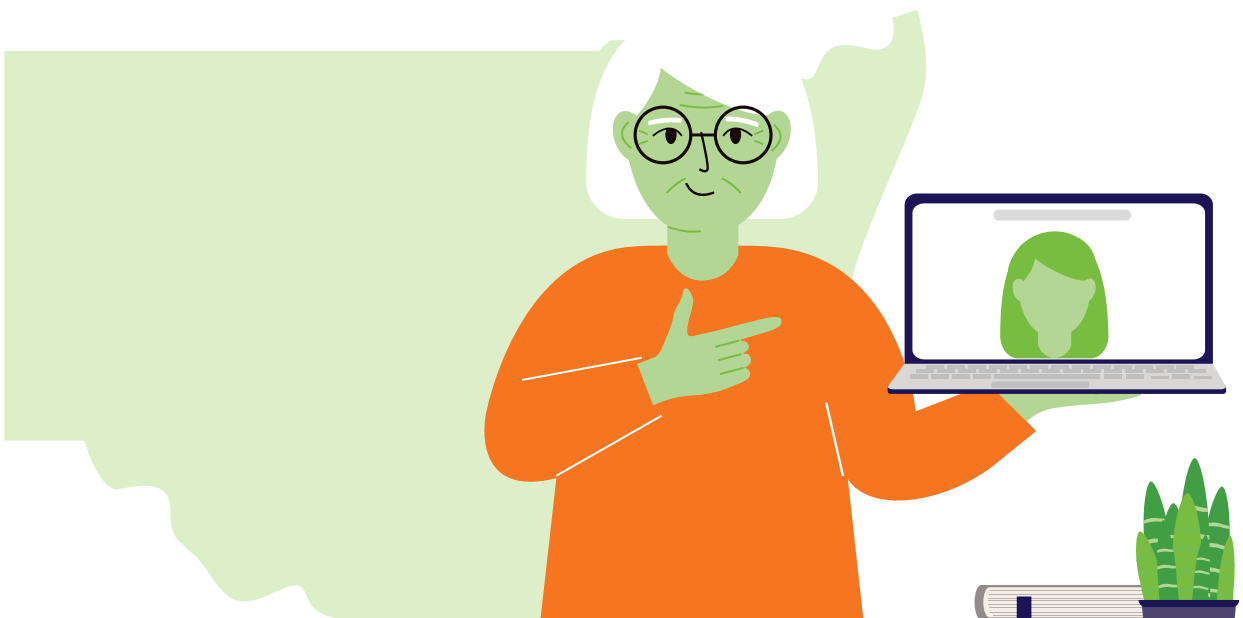
5 — While virtual care contributes to positive system outcomes, it hides shortfalls in the healthcare system.

Much of the positivity about virtual care exists due to shortfalls in the NSW health system. These include waiting times to access GPs, excessive time in waiting rooms, and lack of specialist knowledge at the local level in regional, rural and remote communities. These issues are not resolved as a result of virtual care.

Virtual care can contribute to positive system functioning such as reducing emergency department visits and saving time in managing chronic conditions. However, participants in the study emphasised that while virtual care can enhance health care options, it should not replace the needed face-to-face care at a local level, particularly for people residing outside of Greater Sydney.

6 — Choice and personal agency are critical in providing care options. When offered as a choice, virtual care can enhance the overall quality of care.

Consumer choice is critical in the inclusion of virtual care as a service delivery model, giving service users agency.

People are using virtual care to enhance their overall health care options in ways that are specific to their own personal circumstances and health needs, such as script renewal, routine checks that don't require physical examinations, and talk based therapies. Conversely, there are circumstances in which people can't or don't want to use virtual care.

Participants reported that the inclusion of virtual care alongside face-to-face care improved the overall quality of care. A number expressed fear that access to virtual care would be wound back.

> " *She really liked it because, like I said, she misses a whole day of school whenever we have to go to a kid's hospital appointment. And she doesn't like to miss playing with her friends. And she comes in and they've done work that she hasn't completed. So, she really liked being able to do the Zoom, and then I could drop her off. Five minutes away. It was great for her. And also, my other daughter who has a disability, is very anxious in new places. So, being able to do appointments from home took a lot of that stress off it and it just became new people rather than the whole shebang.*
>
> *Regional parent of children with chronic health conditions and disabilities*

7 There are several contributing factors to the successful use of telehealth and virtual care.

Virtual care relies on high-quality digital infrastructure, service provider factors such as practitioner capability, and service user factors such as communication skills. Problems in any of these areas negatively impacts the use of the virtual medium.

Familiarity and comfort with technology and digital platforms varied for both the service user and practitioners, impacting interactions during appointments. Ongoing capability training for health practitioners and community providers is required to ensure consistency across service provision and use.

Awareness of telehealth and virtual care services is also crucial. With increased service provision, it is important that clear and easily accessible information – both digital and non-digital – are available.

> *I think this has been a marvellous - for just everyday people, we've suddenly embraced, or learnt all about telehealth. I think it's opening a lot of doors for everybody. I don't know anybody who wants to go back to the old ways. There's a lot of talk in my circles about keeping the hybrid option available. So that flexibility of, 'Do you want this face-to-face, or should we do it telehealth?' It's giving back a bit of choice and control to the patient, to the consumer, is really good there.*
>
> *Regional carer*

Recommendations

A. Prioritise equity of access for those most excluded

1 **Increase consumer awareness of existing virtual care options**
through targeted promotion activities, including for free government services such as
Health Direct. Awareness campaigns should be co-developed with consumers.

2 **Invest in targeted programs to overcome digital exclusion**,
particularly for those groups that have the most to gain from virtual care such as those on
low incomes and those who are socially isolated. This would include access to affordable
devices, affordable internet connectivity and data plans, and skills training.

3 **Prioritise consumer choice,** enabling consumers to use virtual care for care
appointments that do not require a physical examination, and increasing the availability
of video appointments. Virtual care should be one healthcare option, and a variation of
modes should be offered e.g. phone, video, multi-disciplinary. Virtual care should not
replace access to the choice for in person care.

B. Invest in the sector's capability and capacity.

1 **Invest in upskilling clinicians and health practitioners** in virtual care,
so that they have the required skills, resources and capabilities to provide high quality
service that meets the needs of all consumers.

2 **Invest in the community sector's digital capability** so it can better
support vulnerable and disadvantage communities to access virtual care. This would
include additional funding for staff training and technology investment.

3 **Partner with local, place-based organisations** such as neighbourhood
and community centres, to identify the most vulnerable and excluded households and
provide targeted support.