
PERSPECTIVES ON TELEHEALTH - CLIENTS & CLINICIANS

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CONSUMERS

Consumers are mostly patients, clients, caregivers, family members. Most research points to high rates of satisfaction (>80% satisfaction) when they get the opportunity to do telehealth.

How telehealth benefits consumers:

- Reduced travel (& associated costs)
- Less time off work
- Increased convenience (e.g. childcare?)
- Preferred location
- Mobility issues
- White coat syndrome

Whether or not consumers prefer telehealth to in person (and vice versa) depends on

- Their access to healthcare (distance & time)
- Previous experience with it
- Existing rapport with clinician
- Type of consultation
- Ability and access to effective technology

Ultimately, **we should not assume** that consumers can't or don't want to do telehealth appointments.



CLINICIANS

Clinicians are pivotal in whether telehealth is offered or not. But a shift in traditional way of practicing means extra support and knowledge is needed.

Such as:

- In-depth training and experience with new workflows
- Providing evidence showing that telehealth can be as clinically effective as in person and the ability to build rapport can be just as effective and at times more effective (from the consumer perspective)
- Systems need to support (ease of use when systems are in place) which often need funding

Reflective practice may mean that health professionals self-reflect on why they are or are not offering telehealth services when there are multiple benefits for consumers and especially it is important to not assume who cannot use it. If clinically appropriate, person-centred care would be offering choice of telehealth.

FINAL WORDS FROM CONSUMER'S HEALTH FORUM OF AUSTRALIA (MARCH/APRIL 2020)

“Each and every health facility should have a video link set up to connect the patient and health care professional, with software developed and approved by the Australian Govt. The Australian Govt must set this up as a matter of priority to allow for quality links between patients and health professionals. This however must never be in place of a real face to face visit with the patient if this is what the patient wants.”